



Agenda

Notice of a public meeting of **Audit Committee**

To: Councillors Cliff Lunn (Chair), Margaret Atkinson (Vice-Chair), Karl Arthur, Robert Baker, Jim Clark, David Hugill, Don MacKay, Geoff Webber, Mr Nick Grubb, Mr David Marsh and Mr David Portlock.

Date: Monday, 14th December, 2020

Time: 1.30 pm

Venue: Remote meeting held via Microsoft Teams

Pursuant to The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held using video conferencing with a live broadcast to the Council's YouTube site. Further information on this is available on the committee pages on the Council website - <https://democracy.northyorks.gov.uk/>

The meeting will be available to view once the meeting commences, via the following link - www.northyorks.gov.uk/livemeetings. Recording of previous live broadcast meetings are also available there.

Business

1. **Apologies for Absence**

2. **Minutes of the Committee meeting held on 26th October 2020** (Pages 3 - 10)

3. **Declarations of Interest**

4. **Public Questions or Statements**

Members of the public may ask questions or make statements at this meeting if they have given notice (including the text of the question/statement) to Ruth Gladstone of Democratic Services (contact details at the foot of page 1) by midday on Wednesday 9th December 2020. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- At this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes).
- When the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct anyone who may be taking a recording to cease while you speak.

- 5. Progress on Issues Raised by the Committee** (Pages 11 - 14)
Joint report of the Corporate Director – Strategic Resources and the Assistant Chief Executive (Legal and Democratic Services)
- 6.1 Health and Adult Services Directorate - Internal Audit Work** (Pages 15 - 24)
Report of the Head of Internal Audit
- 6.2 Health and Adult Services Directorate - Internal Control Matters** (Pages 25 - 54)
Report of the Corporate Director – Health and Adult Services
- 7. Progress on 2020/21 Internal Audit Plan** (Pages 55 - 60)
Report of the Head of Internal Audit
- 8. Procurement and Contract Management Update** (Pages 61 - 72)
Report of the Corporate Director – Strategic Resources
- 9. Risk Management - Progress Report** (Pages 73 - 102)
Report of the Corporate Director – Strategic Resources
- 10. Annual Report on Partnership Governance 2019/20** (Pages 103 - 120)
Report of the Assistant Director Policy, Partnerships and Communities
- 11. CIPFA Financial Management Code** (Pages 121 - 132)
Report of the Corporate Director – Strategic Resources
- 12. Audit Committee Programme of Work** (Pages 133 - 134)
- 13. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances**

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Friday, 4 December 2020

North Yorkshire County Council

Audit Committee

Minutes of the remote meeting held on Monday 26 October 2020 at 1.30 pm

This meeting was live broadcast on the North Yorkshire County Council YouTube site and a recording is available using the following link - <https://www.northyorks.gov.uk/live-meetings>

Present:-

County Councillor Members of the Committee:-

County Councillor Cliff Lunn (in the Chair); County Councillors Karl Arthur, Margaret Atkinson, Robert Baker, Jim Clark, David Hugill, Don Mackay and Geoff Webber

Independent Members of the Committee:-

Mr Nick Grubb, Mr David Marsh and Mr David Portlock

In Attendance:-

County Councillor Gareth Dadd (Deputy Leader of the County Council)

Deloitte Representatives: Nicola Wright, Nick Rayner and Rachel Reynolds

Veritau Officer: Max Thomas (Head of Internal Audit)

County Council Officers:- Gary Fielding (Corporate Director – Strategic Resources), Stuart Carlton (Corporate Director – Children and Young People’s Service), David Bowe (Corporate Director – Business and Environmental Services), Karl Battersby (Corporate Director – Business and Environmental Services designate), Amanda Alderson (Senior Accountant), Kevin Draisey (Head of Procurement and contract Management), Howard Emmett (Assistant Director – Strategic Resources (CYPS)), Karen Iveson (Assistant Director – Central Services), Neil Irving (Assistant Director – Policy, Performance and Communities), Michael Leah (Assistant Director – Strategic Resources (BES)), Robert Ling (Assistant Director – Technology and Change), John Raine (Head of Technical Finance), Fiona Sowerby (Head of Insurance and Risk Management) and Ruth Gladstone (Democratic Services)

Apology for Absence:-

An apology for absence was received from County Councillor Carl Les (Leader of the County Council).

Copies of all documents considered are in the Minute Book

160. Minutes

Resolved -

That the Minutes of the meeting held on 20 December 2019, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

161. Declarations of Interest

No declarations of interest were made at this stage of the meeting. (*See also Minute 165.*)

162. Public Questions or Statements

There were no questions or statements from members of the public.

163. Progress on Issues Raised by the Committee

Considered -

The joint report of the Corporate Director - Strategic Resources and the Assistant Chief Executive (Legal and Democratic Services) which advised of progress made on issues which the Committee had raised at previous meetings and Treasury Management matters that had arisen since the Committee's previous meeting.

Gary Fielding (Corporate Director – Strategic Resources) introduced the report and responded to Members' questions. During discussion, Gary Fielding confirmed that no borrowings had been used to fund any commercial investment.

Resolved -

That the report be noted.

164. Business and Environmental Services Directorate - Internal Audit Work and Internal Control Matters

Considered -

(a) The report of the Head of Internal Audit which advised of the internal audit work performed during the period 1 December 2019 to 30 September 2020 for the Business and Environmental Services Directorate.

(b) The report of the Corporate Director - Business and Environmental Services which provided an update of progress against the areas for improvement identified through internal procedures, together with details of the latest Risk Register for the Business and Environmental Services (BES) Directorate.

The Chairman welcomed Karl Battersby (Corporate Director – Business and Environmental Services designate) to his first meeting of the Committee.

Max Thomas (Head of Internal Audit) introduced the report at (a) and responded to Members' questions. During discussion, Michael Leah (Assistant Director – Strategic Resources (BES)) confirmed that the actions relating to the exit plan for the maintenance contract with Ringway Infrastructure Services had been completed.

David Bowe (Corporate Director – Business and Environmental Services) introduced the report at (b) and, together with Michael Leah (Assistant Director – Strategic Resources (BES)), responded to Members' questions.

The Chairman, on behalf of Members, wished David Bowe (Corporate Director – Business and Environmental Services) a long and happy retirement and thanked him for all his work.

Resolved -

- (a) That it be noted that the Committee, having considered the report of the Head of Internal Audit, is satisfied that the internal control environment operating in the Business and Environmental Services Directorate is both adequate and effective.
- (b) That the salient points relating to the Business and Environmental Services Directorate, together with the Directorate's Risk Register, be noted.

165. Children and Young People's Service Directorate - Internal Audit Work and Control Matters

Note: During discussion of this item of business, Mr David Portlock (External Member) declared an interest as Chair of Governors at a North Yorkshire primary school.

Considered -

- (a) The report of the Head of Internal Audit which advised of the internal audit work performed during the period 1 June 2019 to 30 September 2020 for the Children and Young People's Service Directorate.
- (c) The report of the Corporate Director - Children and Young People's Service which provided an outline of some of the key service risks and governance related issues within the Directorate, together with the updated Risk Register for the Children and Young People's Service (CYPS) Directorate.

Max Thomas (Head of Internal Audit) introduced the report at (a) and responded to Members' questions.

Stuart Carlton (Corporate Director – Children and Young People's Service), together with Howard Emmett (Assistant Director – Strategic Resources (CYPS)), introduced the report at (b) and responded to Members' questions. Officers confirmed that a further review of the Risk Register was currently underway. Officers also confirmed that school funding remained a risk and that action was being taken by the Council to support, challenge and, where necessary, intervene in local authority maintained schools that had financial difficulties in order to reverse financial deficits.

Resolved -

- (a) That it be noted that the Committee, having considered the report of the Head of Internal Audit, is satisfied that the internal control environment operating in the Children and Young People's Service Directorate is both adequate and effective.
- (b) That the salient points relating to the Children and Young People's Service Directorate, together with the Directorate's Risk Register, be noted.

166. Internal Audit Report on Information Technology, Corporate Themes and Contracts

Considered -

The report of the Head of Internal Audit which advised of the internal audit work completed during the period 1 September 2019 to 30 September 2020 in respect of information technology, corporate themes and contracts.

Max Thomas (Head of Internal Audit) introduced the report and, together with Robert Ling (Assistant Director –Technology and Change), responded to Members' questions.

Resolved -

That it be noted that the Committee, having considered the report of the Head of Internal Audit, is satisfied that the internal control environment operating in respect of information technology, corporate themes and contract arrangements is both adequate and effective.

167. External Auditor Reports about the 2019/20 Audits of North Yorkshire Pension Fund and North Yorkshire County Council

Considered -

Two reports of Deloitte which summarised the key findings arising from the 2019/20 external audits of North Yorkshire Pension Fund and North Yorkshire County Council.

Nicola Wright asked for her thanks to be placed on record to the County Council's Finance Team for working so positively with Deloitte on these audits which had had to be undertaken remotely during lockdown and when the Finance Staff had been under pressure due to additional tasks relating to Covid-19.

Nicola Wright (Audit Partner, Deloitte) and Rachel Reynolds (Audit Manager, Deloitte) introduced the report relating to the audit of North Yorkshire Pension Fund.

Nicola Wright (Audit Partner, Deloitte) and Nick Rayner (Senior Manager, Deloitte) introduced the report relating to the audit of North Yorkshire County Council.

Gary Fielding (Corporate Director – Strategic Resources) advised that he agreed with Nicola Wright's comments that this had been a very difficult year. He welcomed Nicola Wright's comments about the good work undertaken by the County Council's Finance Team and advised that he appreciated the flexibility that Deloitte colleagues had had to deploy.

Resolved -

That the reports be noted.

168. Report following the Detailed Review of the draft Statement of Final Accounts (incorporating the Annual Governance Statement) for 2019/20

Considered -

The report of the Members' Working Group setting out the Group's recommendation concerning the Annual Governance Statement 2019/20 and the Statement of Final Accounts 2019/20.

Mr David Portlock (External Member) introduced the report and highlighted that, at the time of the Members' Working Group's review and collation of this report, the findings of the External Auditor had not been available. However, having noted the External Auditor's reports and presentations to this meeting, and having had a discussion with Deloitte that morning regarding a few issues within the reports, he was now happy to be able to confirm the recommendation set out at paragraph 9.3 on page 160 which was that, when Members consider the next item of business at this meeting, the recommendation was that they should approve the Statement of Final Accounts and the Annual Governance Statement for 2019/20.

Mr David Portlock expressed his thanks, and the appreciation of the Members' Working Group, to the officers who had interacted with the Group for their willingness, transparency and engagement throughout the difficult times and circumstances within which the Finance Team had had to operate.

Gary Fielding (Corporate Director – Strategic Resources) expressed his thanks to Mr David Portlock for all the work he had undertaken and the way and manner in which he had performed that work. Members of the Committee endorsed those comments.

Resolved -

That the report be noted.

169. Statement of Final Accounts for 2019/20 including Letter of Representation

Considered -

The report of the Corporate Director - Strategic Resources which invited the Committee to approve:- the Letter of Representation to the External Auditor; the Statement of Final Accounts for 2019/20 following completion of the external audit of those accounts; and the Annual Governance Statement for 2019/20.

Gary Fielding (Corporate Director – Strategic Resources) paid tribute to the work of John Raine (Head of Technical Finance) and his staff for their work regarding the Statement of Final Accounts.

Gary Fielding (Corporate Director – Strategic Resources), together with John Raine (Head of Technical Finance), introduced the report, highlighting that there had been some very minor presentational changes to the Statement of Final Accounts since its publication for this meeting. Gary Fielding and John Raine responded to Members' questions.

During discussion, County Councillor Geoff Webber suggested that the County Council should publish, as an appendix (and redacted as appropriate), information and findings of Ombudsman investigations. Gary Fielding (Corporate Director – Strategic Resources) highlighted that Ombudsman investigations about matters of sufficient magnitude were already submitted to the Executive and that quarterly Performance Reports included information about the numbers of complaints and commendations received and the numbers of complaints to the Ombudsman. Max Thomas (Head of Internal Audit) advised that, in some councils, such information was also taken to their audit committee and that this provided another forum for discussion about the management of complaints rather than about the complaints themselves. Gary Fielding undertook to consider County Councillor Geoff Webber's suggestion and to get back to him with a response.

Members noted that the external audits of the 2019/20 accounts had not yet concluded and it was possible that new issues might arise in forthcoming days. Nicola Wright advised that Deloitte's expectation was that, once having concluded their work, they would re-issue their report with all the outstanding issues omitted, together with the Management Representation Letter.

The Committee discussed and agreed arrangements to be applied if new issues arose from the concluding work on the external audit of the accounts. The Committee's decision is recorded at paragraph (d) of the Resolution to this Minute.

Note: A named vote was taken and all eight County Councillor Members of the Committee voted in favour of the following Resolution. (External Members do not have voting rights.)

Resolved -

- (a) That, subject to (d) of this Resolution, the Chairman, on behalf of the Audit Committee, be authorised to sign the Letter of Representation as set out at Appendix A to the report.
- (b) That, subject to (d) of this Resolution, in relation to the Statement of Final Accounts 2019/20:-
 - (i) The changes to the Final Statement of Final Accounts, as described in paragraph 4 of the report and Appendix B to the report, be noted.
 - (ii) The Final Statement of Final Accounts be approved.
 - (iii) The Chairman be recommended to sign the Statement of Responsibilities for the Statement of Accounts as set out at Appendix C to the report.
- (c) That, subject to (d) of this Resolution, the Annual Governance Statement 2019/20 be approved and the Chairman be authorised to sign, on the Committee's behalf, the Annual Governance Statement.
- (d) That, arising from Deloitte's work to conclude the external audit of the accounts:-
 - (i) It be noted that Deloitte expects:- (1) the Statement of Accounts to be changed if material issues arise; and (2) if there are small disclosures which the Corporate Director – Strategic Services chooses not to amend, these will be included in the Letter of Representation.
 - (ii) If only minor issues arise:- (1) the Statement of Final Accounts and/or the Letter of Representation be amended in accordance with authority hereby delegated to the Corporate Director – Strategic Resources in consultation with the Chairman of the Audit Committee; and (2) the Corporate Director – Strategic Resources, following consultation with the Chairman of the Committee, be authorised to sign the Letter of Representation.
 - (iii) If material issues arise, another meeting of the Audit Committee be convened as a matter of urgency.
 - (iv) All Members of the Audit Committee be informed of the individual items which Deloitte identify during their work to conclude the accounts and also be advised of any amendments which have been made to the documents and be invited to make any representations.

170. Annual Report of the Audit Committee

Considered -

The report of the Chairman of the Audit Committee which invited Members to consider a draft of the Committee's annual report for the year ended 30 September 2020 for submission to a meeting of the County Council.

Resolved -

- (a) That the report be noted.

- (b) That the draft annual report of the Audit Committee, as appended to the report, be approved for submission to the County Council.

171. Progress on 2020/21 Internal Audit Plan

Considered -

The report of the Head of Internal Audit which advised of progress made to date in delivering the 2020/21 Internal Audit Plan and developments likely to impact on the Plan throughout the remainder of the financial year.

Max Thomas (Head of Internal Audit) introduced the report and responded to Members' questions.

Resolved -

That the progress made in delivering the 2020/21 Internal Audit programme of work be noted.

172. Counter Fraud and Associated Matters

Considered -

The report of the Head of Internal Audit concerning counter fraud performance in 2019/20, the new Counter Fraud Strategy, and the outcome of the Annual Fraud Risk Assessment.

Max Thomas (Head of Internal Audit) introduced the report and responded to Members' questions.

Members advised that they would like to see, in future reports, an overview, with names redacted, of cases of suspected fraud and malpractice within the County Council. They explained that they felt it important that Members were aware of how cases of fraud came to be. The Corporate Director – Strategic Resources undertook to discuss this with the Head of Internal Audit but highlighted this should be done on the basis of learning being developed to prevent fraud occurring in the future. The Head of Internal Audit highlighted that some of the cases in the report before this meeting were currently live and therefore care needed to be taken.

Resolved -

- (a) That counter fraud performance in 2019/20 be noted.
- (b) That the updated Counter Fraud Strategy be approved.
- (c) That the outcome of the Annual Fraud Risk Assessment be noted.

173. Business Continuity - Update Report

Considered -

The report of the Assistant Director - Policy, Partnerships and Communities which provided an overview of, and continued assurance regarding, the business continuity arrangements within North Yorkshire County Council.

Neil Irving (Assistant Director Policy, Partnerships and Communities) introduced the report and responded to Members' questions.

Resolved -

That the business continuity arrangements across the Council and with partners be noted.

174. Redmond Review of Local Authority Financial Reporting and Audit

Considered -

The report of the Corporate Director - Strategic Resources which provided an update on the Independent Review into the Oversight of Local Audit and the Transparency of Local Authority Financial Reporting (The Redmond Review).

Gary Fielding (Corporate Director – Strategic Resources) introduced the report and responded to Members' questions.

Nicola Wright (Deloitte) highlighted that timing was a particularly interesting issue due to the number of auditors who were available with the relevant specialisms of working in the public sector and this had led, in the previous couple of years, to capacity issues and some cases of the 31 July deadline being missed. Nicola Wright also highlighted that external audit fees within local government had reduced over recent years and would need to be revisited in due course to reflect the pressure now on external auditors.

During discussion, Members expressed the following opinions:- the Statement of Final Accounts was impenetrable to the public and to many elected Members; it was wasteful to create documents which the vast majority of people did not understand; creating another document would be one more document to audit and would add to the bulk of the paperwork; Members preferred to get the accounts approved by 31 July in order to focus on other issues; it was not a good use of an Audit Partner's time, or external audit fees, for the External Auditor to attend a meeting of full Council to present a report

Resolved -

That the update be noted.

175. Audit Committee Work Programme

Considered -

The Committee's Work Programme which identified items of business scheduled for consideration at each of the Committee's forthcoming meetings.

Resolved -

- (a) That the Work Programme be noted.
- (b) That training sessions for Committee Members be recommenced in 2021.

The meeting concluded at 4pm.

RAG/JR

NORTH YORKSHIRE COUNTY COUNCIL

AUDIT COMMITTEE

14 December 2020

PROGRESS ON ISSUES RAISED BY THE COMMITTEE

**Joint Report of the Corporate Director – Strategic Resources
and the Assistant Chief Executive (Legal and Democratic Services)**

1.0 PURPOSE OF THE REPORT

1.1 To advise Members of

- (i) progress on issues which the Committee has raised at previous meetings
- (ii) other matters that have arisen since the last meeting and that relate to the work of the Committee

2.0 BACKGROUND

2.1 This report is submitted to each meeting listing the Committee’s previous Resolutions and / or when it requested further information be submitted to future meetings. The table below represents the list of issues which were identified at previous Audit Committee meetings and which have not yet been resolved. The table also indicates where the issues are regarded as completed and will therefore not be carried forward to this agenda item at the next Audit Committee meeting.

Date	Minute number and subject	Audit Committee Resolution	Comment	Complete?
07.03.19	107 – Progress on Issues Raised by the Committee	That the Committee’s Chairman, Vice-Chairman, Mr Nick Grubb and Mr David Portlock be appointed to comprise a group, facilitated by Max Thomas to:- Discuss how this Committee is functioning; seek feedback from others such as the CD –SR and External Audit; review the findings; submit any proposed changes to a future meeting of the Committee for decision, and Full Council if appropriate; and complete the CIPFA questionnaire with input from the CD – SR	In progress	X

Date	Minute number and subject	Audit Committee Resolution	Comment	Complete?
20.12.19	159 – Audit Committee Work Programme	That, in respect of training sessions held immediately prior to the Committee's meetings:- i. Governance of the Highways Teckal be scheduled for 26 October 2020 ii. Pensions Governance be scheduled for 27 March 2020 iii. A session about Beyond 2020 including Property Rationalisation be organised for the External Members only	Governance of external companies is also to be added. As agreed at the last meeting training sessions will recommence in 2021.	X
20.12.19	159 – Audit Committee Work Programme	That informal meeting(s) between Committee Members and the Internal and the External Auditors be organised for dates to be arranged by the Corporate Director – Strategic Resources	This meeting has been arranged to take place before the meeting on 14 December 2020	x

3.0 TREASURY MANAGEMENT

- 3.1 The outlook for the economy remains unusually uncertain. The economic climate depends on the evolution of the pandemic and measures taken to protect public health, as well as the nature of, and transition to, the new trading arrangements between the European Union and the United Kingdom. In response to the economic and financial impact of the Covid pandemic, the MPC voted unanimously to maintain Bank Rate at 0.1% at its meeting ending on 4 November 2020 and to increase the target stock of purchased UK government bonds by an additional £150 billion, financed by the issuance of central bank reserves. The quantitative easing increase takes the size of the Bank of England's asset purchase facility to £895bn, covering both government and corporate debt.
- 3.2 In response to a substantial growth in local authority borrowing in recent years, led by a minority of Local Authorities borrowing from the Public Works Loan Board (PWLB) to buy investment assets primarily for yield, the government published a consultation in July 2020 around proposals to address the specific issue of 'debt-for-yield' PWLB borrowing. The aim of the consultation was to develop a proportionate and equitable way to prevent local authorities from using PWLB loans to buy commercial assets primarily for yield, without impeding their ability to pursue service delivery, housing, and regeneration under the prudential regime.
- 3.3 Following on from the PWLB consultation, HM Treasury has now concluded their findings and published revised lending terms for the PWLB on 25 November 2020. Under the revised lending terms the government has now ended access to the

PWLB for Local Authorities that wish to buy commercial assets primarily for yield, as assessed by the statutory section 151 officer. Local Authorities that wish to buy commercial assets primarily for yield remain free to do so, but are not be able to take out new loans from the PWLB in year where they have any plans to buy commercial assets at any point over the next 3 year period (any loans taken out under the old system are not be affected by this change). As a result of the revised lending term the government has now cut PWLB lending rates by 100 basis points (Standard Rate) and 80 basis points (Certainty Rate) with effect from 26 November 2020.

- 3.4 While the County Council does not borrow to fund commercial investment through loans from PWLB or money markets, the revised PWLB terms are likely to impact on the County Councils Treasury Management Strategy. Consequently, officers are currently considering the impact of the revised terms and any changes *will be reflected in the updated Annual Treasury Management Strategy for 2021/22.*”

4.0 RECOMMENDATION

- 4.1 That the Committee considers whether any further follow-up action is required on any of the matters referred to in this report.

GARY FIELDING
Corporate Director – Strategic Resources

BARRY KHAN
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
NORTHALLERTON

14 December 2020

Background Documents: Report to, and Minutes of, Audit Committee meetings held on 26 October 2020

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NORTH YORKSHIRE COUNTY COUNCIL

AUDIT COMMITTEE

14 DECEMBER 2020

INTERNAL AUDIT WORK FOR THE HEALTH AND ADULT SERVICES DIRECTORATE

Report of the Head of Internal Audit

1.0 PURPOSE OF THE REPORT

- 1.1 To inform Members of the **internal audit work** performed during the period from 1 September 2019 to 31 October 2020 for the Health and Adult Services Directorate (HAS).

2.0 BACKGROUND

- 2.1 The Audit Committee is required to assess the quality and effectiveness of the corporate governance arrangements operating within the County Council. In relation to the Health and Adult Services directorate (HAS), the committee receives assurance through the work of internal audit (as provided by Veritau), as well as receiving a copy of the latest directorate risk register.
- 2.2 This agenda item is considered in two parts. This first report considers the work carried out by Veritau and is presented by the Head of Internal Audit. The work of internal audit is reported in accordance with an agreed programme of work with this report covering audits finalised in the 14 months to 31 October 2020. The second part is presented by the Corporate Director and considers the risks relevant to the directorate and the actions being taken to manage those risks.

3.0 WORK DONE DURING THE 14 MONTH PERIOD ENDED 31 OCTOBER 2020

- 3.1 Details of the internal audit work undertaken for the directorate and the outcomes of these audits are provided in **Appendix 1**.
- 3.2 Veritau has also been involved in a number of other areas of work in respect of the directorate. This work has included:
- (a) Investigating cases that have either been communicated via the Whistleblowers' hotline or have arisen from issues and concerns referred to Veritau by HAS management.
 - (b) investigating data matches received from the National Fraud Initiative (NFI). These matches can indicate possible fraud or error.
 - (c) providing support to directorate management in respect of a number of safeguarding alerts and other matters.

- (d) Discussing and offering feedback on ongoing risk areas such as the Transferring of Care Programme (TCP) and the Harrogate Adult Community Services Health and Social Care Integration.
- 3.3 As with previous audit reports, an overall opinion has been given for each of the specific systems or areas under review. The opinion given has been based on an assessment of the risks associated with any weaknesses in control identified. Where weaknesses are identified then remedial actions will be agreed with management. Each agreed action has been given a priority ranking. The opinions and priority rankings used by Veritau are detailed in **Appendix 2**. Where the audits undertaken focused on systems development, the review of specific risks as requested by management or value for money then no audit opinion has been given.
- 3.4 It is important that agreed actions are formally followed up to ensure that they have been implemented. Veritau follow up all agreed actions on a regular basis, taking account of the timescales previously agreed with management for implementation. **On the basis of the follow up work undertaken during the year, the Head of Internal Audit is satisfied with the progress that has been made by management to implement previously agreed actions necessary to address identified control weaknesses.**
- 3.5 The programme of audit work is risk based. Areas that are assessed as well controlled or low risk are reviewed less often with audit work instead focused on the areas of highest risk. Veritau's auditors work closely with directorate senior managers to address any areas of concern.

4.0 **RECOMMENDATION**

- 4.1 That Members consider the information provided in this report and determine whether they are satisfied that the internal control environment operating in the Health and Adult Services Directorate is both adequate and effective.

Max Thomas
Head of Internal Audit

Veritau Ltd
County Hall
Northallerton

26 November 2020

BACKGROUND DOCUMENTS

Relevant audit reports kept by Veritau Ltd at 50 South Parade, Northallerton.

Report prepared by Stuart Cutts, Assistant Director – Audit Assurance, Veritau and presented by Max Thomas, Head of Internal Audit, Veritau

FINAL AUDIT REPORTS ISSUED IN THE PERIOD ENDED 31 OCTOBER 2020

	System/Area	Audit Opinion	Areas Reviewed	Date Issued	Comments	Action Taken
A	Visits to Care Providers: <ul style="list-style-type: none"> • Autism Plus (Larch Rise, Easingwold) • Wilf Ward (Palace Road, Ripon) • Independent Home Living (Scarborough) 	No Opinion Given	A variety of audit testing was undertaken covering the key risks relating to each care provider. Work included: <ul style="list-style-type: none"> • Providing advice and guidance on financial procedures for residents' finances • Reviewing previous audit findings to establish whether agreed actions had been implemented • Reviewing arrangements for managing and safeguarding the financial affairs of service users • Reviewing the financial stability of a domiciliary care service. 	January 2020	Two visits were made to Autism Plus in 2019 to assess and support improvements to the financial procedures used for residents' finances. Areas for improvement were highlighted covering financial procedure and contractual areas. At Wilf Ward, the management of service users' financial affairs was reviewed. Findings were raised regarding poor management of the joint household account, unauthorised expenditure on a resident's bank card, and expenditure which exceeded a resident's income. We reviewed the financial stability of Independent Home Living (IHL). Supporting information was provided to the Council. No significant issues were highlighted.	Actions were agreed (Autism Plus). Responsible Officer: Assistant Director, Commissioning and Quality. All seven actions raised in our visits at Autism Plus have been addressed. At Wilf Ward the provider has put in place improved arrangements which will be monitored by the council's Quality and Market Improvement Team. The Quality and Contracting Team has been working with the registered manager at IHL to monitor the service.
				March 2020		
				July 2020		
B	Payments for Residential Care	Reasonable Assurance	Notifications of the deaths of people in residential care should be communicated to, and within, the Council in a timely manner in order for systems to be updated and for payments to be stopped.	December 2019	We found that many residential care providers still do not comply with the requirement to notify the Council of a death within 48 hours. There was also no consistency regarding who within the Council the death was reported to.	Four P2 and one P3 actions were agreed. Responsible Officer: Assistant Director, Strategic Services. Regular reminders are now being included in the Provider Bulletins

System/Area	Audit Opinion	Areas Reviewed	Date Issued	Comments	Action Taken
Page 18			<p>The audit reviewed whether the procedures and controls in place ensured that:</p> <ul style="list-style-type: none"> Information regarding deaths was promptly provided to the council and effectively processed Information regarding bed returns was up-to-date and managed appropriately. 	<p>Each resident should receive an annual review by a member of the Social Care Operational Team. The annual review could highlight any changes in circumstances that have otherwise not been reported. Only 60% of resident annual reviews were completed during 2018/19.</p> <p>Client contributions should only be paid up until the date of death. The audit found out some providers were paid until the date the case was closed on the system and not the date of death. This resulted in overpayments to the providers.</p> <p>The escalation process for chasing bed returns was not always applied consistently across the council. Some care providers did not always supply the occupancy details which are requested on the bed returns.</p>	<p>about notifying the Council of deaths within 48 hours.</p> <p>Performance targets are now set for the completion of resident annual reviews.</p> <p>A provider portal has been implemented which will help remedy the issues on inputting dates into Council systems.</p> <p>The escalation process has been reviewed and information is now held in a central location.</p> <p>Reminders are sent out periodically and bed return reports can now be generated through the ContrOCC system.</p>
	C	Baseline Assessment of Care Providers	Reasonable Assurance	<p>Baseline assessment visits review a number of areas to ensure that the care provider is following the contract provisions agreed with the Council.</p> <p>The audit reviewed whether</p> <ul style="list-style-type: none"> Visits were prioritised and scheduled appropriately 	<p>December 2019</p> <p>It was found that the process for selecting providers to visit did not incorporate an assessment of key risks to the service.</p> <p>A contract and service specification is in place with each care provider.</p> <p>A scoring tool has been recently implemented to measure compliance with the service specification during</p>

System/Area	Audit Opinion	Areas Reviewed	Date Issued	Comments	Action Taken
Page 19		<ul style="list-style-type: none"> • Appropriate contract management arrangements were in place • Visit information was reported correctly and promptly • Resulting actions were performed in a timely manner 		<p>baseline assessment visits. The scoring tools used for baseline assessment visits have been applied consistently.</p> <p>Visits are the primary contract management tool to ensure providers comply with their service specification. Section 12 outlines the quality control measures providers are expected to comply with. The council was not regularly gaining assurance that these measures were being carried out, and formal quality assurance was not taking place outside of the visits.</p> <p>Visit information was not adequately distributed within HAS. It was not used for managing risks, wider decision making or for prioritising further visits.</p> <p>There is no formal procedure in place to ensure recommended actions are followed up.</p>	<p>A baseline assessment review has been completed with new pathways developed for the improved baseline assessment processes.</p> <p>Additional Quality Improvement resources and a dedicated support team for care homes has also been provided.</p>
	D	Suspension Process	Substantial Assurance	<p>The HAS Directorate maintains a list of approved providers. Where the quality of service provided is not in line with expectations, providers may be suspended from the list or framework agreement.</p> <p>The audit reviewed whether the:</p> <ul style="list-style-type: none"> • Policies and procedures were fit for purpose 	<p>December 2019</p> <p>Good procedures are in place for establishing the basis for suspensions and for monitoring progress against improvement action plans.</p> <p>Our review of three providers found there was appropriate grounds for the initial suspension and the providers were notified of their suspension in a timely manner.</p>

System/Area	Audit Opinion	Areas Reviewed	Date Issued	Comments	Action Taken	
Page 20		<ul style="list-style-type: none"> Appropriate governance arrangements were in place to monitor and review suspensions. 		<p>Suspension reports were compiled and approved by the Assistant Director promptly. Once suspension had been agreed, all providers had action plans to implement to addresses weaknesses and these were monitored effectively by the Council.</p> <p>As part of the current suspension process, the Assistant Director - Commissioning & Quality makes all final decisions regarding suspension cases. This results in a lack of independence, particularly in appeal cases, as the Assistant Director is required to scrutinise their own decision making. Management are aware of this issue and highlighted it to us as a concern during the course of the audit.</p>	<p>work has been delayed as a result of Covid-19 pandemic.</p> <p>Interim measures have been implemented to ensure that any appeals to suspension are recorded through the governance team and reviewed independently.</p> <p>There is also now a template in place to standardise suspension reports and enable appropriate decision making.</p>	
	E	Hardship Process	Reasonable Assurance	December 2019	<p>In some circumstances, care providers can submit a request to the Council for a financial hardship review.</p> <p>The audit reviewed the Financial Hardship process to assess whether:</p> <ul style="list-style-type: none"> The existing processes and procedures were appropriate and operating as expected Sufficient information is obtained and considered during hardship case reviews. 	<p>Guidance was available to providers requesting a hardship review however it did not stipulate the information required by the Council.</p> <p>The existing process for completing hardship reviews is not documented. Timescales and expectations for the reviews had also not been agreed by Quality & Market Improvement and Central Finance.</p> <p>The results of reviews are documented in a financial assessment report and sent to the Assistant Director of</p>

	System/Area	Audit Opinion	Areas Reviewed	Date Issued	Comments	Action Taken
					Commissioning & Quality for review and to enable a decision to be made. However only financial information is included in these reports. Non-financial but potentially relevant information is not routinely provided.	Councils Supply Chain Resilience Board.
F	Public Health	High Assurance	<p>The audit reviewed whether the procedures and controls in place ensured that:</p> <ul style="list-style-type: none"> • Payments under public health contracts accurately reflected the costs paid by other public bodies • Contract management specialists are used to support public health staff in drafting contracts for service provision with third parties; • Suitable arrangements existed to ensure service continuity could be maintained once the ring-fence for the Public Health Grant ended on 1 April 2020. 	March 2020	<p>Payments were reviewed relating to three large Public Health contracts. Each payment had been correctly checked, authorised, and recorded in the Council's systems. A sample of additional, smaller payments were also reviewed. Each of these agreed with the terms of the contract, or the relevant national rates.</p> <p>For each contract reviewed, contract documents had been produced with support from the Council's Legal and Procurement Services. Performance is reviewed quarterly in accordance with the terms of the contract by the respective Contract Manager.</p> <p>From 2023/24, the Council has decided that only the government grant will be used to fund annual expenditure on Public Health services. Meetings have taken place during the past 12 months and plans are in place to agree how expenditure will be reduced over the coming three years and how suitable service levels will be maintained.</p>	<p>No actions were agreed.</p> <p>Responsible Officer: Director of Public Health.</p>

	System/Area	Audit Opinion	Areas Reviewed	Date Issued	Comments	Action Taken
					It is expected that Public Health will be required to save around £3m over the three year period. This equates to approximately an eighth of the current budget, which could result in a reduction to some non-statutory services. Arrangements are being made to help manage these changes.	
G Page 22	Financial Assessments	Substantial Assurance	<p>Approximately 6,000 financial assessments are completed in each year in respect of adult social care. It is important for assessments to be completed in a timely manner to prevent delayed invoices and customer complaints.</p> <p>The audit reviewed whether the procedures and controls in place ensured that:</p> <ul style="list-style-type: none"> • Declarations had been signed and completed accurately; • Appropriate checks were performed and sufficient evidence was maintained; • Assessments were being completed in a timely manner. 	July 2020	<p>In the majority of cases we found case records in line with expectations.</p> <p>However declarations are not always signed or returned by clients, and some are not being uploaded onto the ContrOCC system. While guidance has been issued, there is no formal procedure in place to ensure that declarations left with, or posted to, clients, are pursued when they are not returned.</p> <p>Calculations and disregards were reviewed for accuracy. All of the cases where the confirmation letters could be seen appeared to have been correctly calculated.</p> <p>There was no internal timescale to guide how long assessments should take from referral to completion.</p>	<p>1 P2 and 2 P3 actions were agreed.</p> <p>Responsible Officer: Assistant Director, Strategic Resources (HAS), Central Services.</p> <p>Further reminders were sent to all Benefits, Assessment and Charging Service (BACS) officers outlining the actions to take to ensure that declarations are signed and returned where possible, and providing guidance as to what information should be recorded and where.</p> <p>A new alert system has been introduced into LLA to prompt operational teams to make referrals in a timely manner. The team are developing standards to identify agreed timescales in a more formal manner.</p>

Audit Opinions and Priorities for Actions

Audit Opinions	
<p>Audit work is based on sampling transactions to test the operation of systems. It cannot guarantee the elimination of fraud or error. Our opinion is based on the risks we identify at the time of the audit.</p> <p>Our overall audit opinion for audits completed in 2019/20 was based on 5 grades of opinion, as set out below.</p>	
Opinion	Assessment of internal control
High Assurance	Overall, very good management of risk. An effective control environment appears to be in operation.
Substantial Assurance	Overall, good management of risk with few weaknesses identified. An effective control environment is in operation but there is scope for further improvement in the areas identified.
Reasonable assurance	Overall, satisfactory management of risk with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made.
Limited Assurance	Overall, poor management of risk with significant control weaknesses in key areas and major improvements required before an effective control environment will be in operation.
No Assurance	Overall, there is a fundamental failure in control and risks are not being effectively managed. A number of key areas require substantial improvement to protect the system from error and abuse.

Priorities for Actions	
Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

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AUDIT COMMITTEE

14 DECEMBER 2020

INTERNAL CONTROL MATTERS FOR THE HEALTH & ADULT SERVICES DIRECTORATE

Report of the Corporate Director – Health & Adult Services

1.0 PURPOSE OF THE REPORT

- 1.1 To outline some of the key service risks and governance developments within the Directorate
- 1.2 To provide details of the **Risk Register** for the HAS Directorate.

2.0 BACKGROUND

- 2.1 The Audit Committee is required to assess the quality and effectiveness of the corporate governance arrangements operating within the County Council. In relation to the HAS Directorate the Committee receives assurance through the work of internal audit (detailed in a separate report to the Committee), details of the Statement of Assurance provided by the Corporate Director, together with the Directorate Risk Register.

3.0 KEY GOVERNANCE DEVELOPMENT AND RISK ISSUES

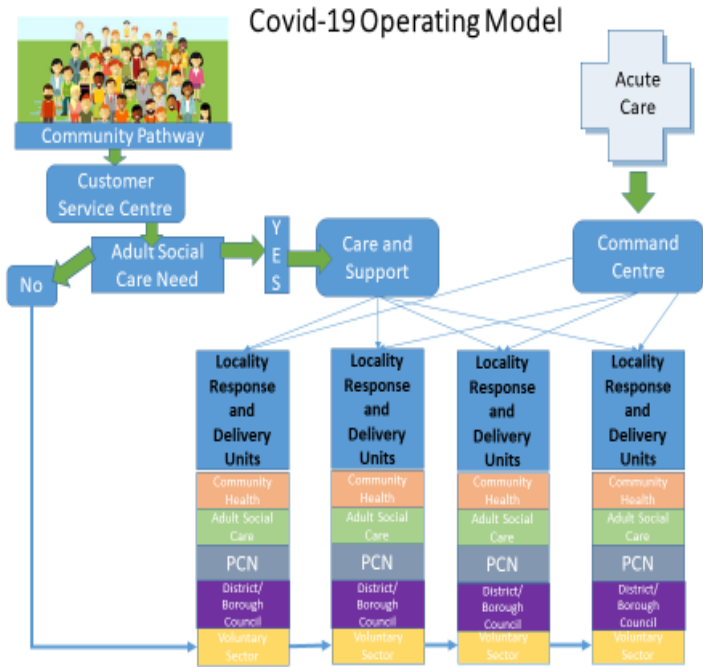
- 3.1 There are a number of key governance developments in the forthcoming year which may impact on the Directorate. A summary of these are set out in more detail below:

3.2 COVID-19

- 3.2.1 The pandemic has had a significant impact across the Council and the HAS Directorate, with its responsibility for care homes and providers and Public Health has found itself particularly affected.
- 3.2.2 In response to the Covid-19 Pandemic Health and Adult Services (HAS) adopted a command structure with daily meetings, HAS Gold and escalation mechanisms to Management Board, Local Resilience Forum and Executive Members. The daily calls also included Communications to ensure a timely response to media enquiries and issuing guidance to colleagues and members of public across the county. HAS Gold has a standard agenda covering various topics including Covid-19 data, Outbreak Management, Care Settings, PPE and Care Act Easements. HAS Gold is supported by various other meetings including Care Settings Gold and Silver and a range of task and finish groups responding to national guidance on PPE, Infection Prevention and Control, Guidance for Care Homes and other settings as well as offering expert public health advice on the progress of the pandemic and the impact for North Yorkshire.

- 3.2.3 The Public Health response to COVID has been significant, and largely shaped by the seven themes of the North Yorkshire COVID-19 Outbreak Control Plan. This has included providing support across care settings, education settings, communal accommodation settings, workplaces, hospitality/leisure/tourism venues and vulnerable groups. Support has covered both proactive prevention work with settings and outbreak management (including Outbreak Control Team response). Other themes cover testing, contact tracing, data integration and governance.
- 3.2.4 New ways of working have been developed in order to provide consistent support across these areas. Each theme has multi-agency support, led by public health, working closely with colleagues across the council (including communications team, trading standards, CYPS) and external partners (environmental health and other district partners, police, NHS, PHE etc.). In addition to the thematic work, a place-based approach has also been developed through Locality meetings (multi-agency groups led by public health with support from a dedicated locality co-ordinator) based on each of the seven districts.
- 3.2.5 As the number of COVID-19 started to increase again, NYCC reviewed its outbreak management plans. The existing operating model, which had successfully served the purpose it was designed for, has been modified to cope with the increased demand placed on the NYCC Public Health team, other NYCC services and operational partners. The modified operating model will build further resilience to the NYCC response for the months ahead. The modifications has seen the creation of a new Outbreak Management Hub and seven Locality Area model (which aligns to the seven District Council boundaries).
- 3.2.6 The new Outbreak Management Hub provides a centralised co-ordination function to support the Director of Public Health and Public Health Consultants to ensure the timely and effective management of COVID-19 cases in North Yorkshire. The Hub identifies key actions to progress, liaising with NYCC corporate teams and operational partners through the outbreak management response structure. The Hub also provides outbreak management co-ordination and support to the seven Locality Areas.
- 3.2.7 The Locality Areas provides a locality based outbreak management structure to monitor and assess the COVID-19 situation, co-ordinate and implement bespoke localised actions in order to deal with and respond to any increase in COVID-19 cases. As part of the support provided by the Outbreak Management Hub there is an escalation process to enable Locality Areas to request the mobilisation of a wider range of resource measures for both reactive and preventative intervention controls. Locality Area Groups are held on a weekly basis and have the following core membership:
- District/ Borough Council Reps – Environmental Health, (service managers for partnership communities, leisure, housing as required)
 - North Yorkshire County Council - Stronger communities, Trading Standards, HAS, CYPS (safe guarding as required)
 - North Yorkshire Police
 - NHS
 - Fire and Rescue Service
 - Primary Care
- 3.2.8 Representatives from the Military, Neighbourhood Network, Town Councils, Parish Councils and Third sector also attend Locality Area Groups when there is a specific need.

- 3.2.9 In addition to the twice-daily multi-agency care homes meetings set out below, there are two public health-led daily meetings – one with internal partners and the second a multi-agency meeting with external partners. These have been instrumental in terms of sharing information and informing the multi-agency response.
- 3.2.10 The public health team has also worked closely with the Local Resilience Forum, with a public health consultant sitting as part of the Multi-Agency Coordination Centre based out of County Hall. This partnership has been essential for managing key issues such as testing (both PCR testing and rapid lateral flow testing), vaccination and emergency response.
- 3.2.11 In the first wave of the pandemic, there was much emphasis on protecting the NHS ensuring that it was not overwhelmed by increased demands on its services. To facilitate this the Covid-19 Discharge Service Requirement were issued in March 2020. They required the national implementation of the Discharge to Assess (D2A) pathways and set out the requirements of Local Authorities, NHS Providers and the CCG's.
- 3.2.12 For Adult Social Care this meant implementing a new operating model to facilitate timely discharge from hospital and a seven day working. A new Adult Social Care operating model was developed and implemented within two weeks.
- 3.2.13 The new model required staff to work across 7 days and between the hours of 8am to 8pm. For many of the assessment colleagues this was a new requirement and they did this on a voluntary basis in response to the pandemic. Fortnightly meetings were arranged with trade union colleagues to keep abreast of any issues being raised by their members and regular review of the operating hours was undertaken.



3.2.14 The Covid-19 Discharge Service Requirement also suspended Continuing Health Care (CHC) assessments and introduced a new funding scheme (Scheme 1) for people being discharged from hospital or to avoid an admission into hospital.

- 3.2.15 New ways of working were introduced to respond to the requirements of the national lockdown. They introduced new assessment tools and virtual/home working arrangements to facilitate timely discharge from hospital and proactive community follow up, and identifying those people who would benefit from a CHC assessment started again.
- 3.2.16 At the same time many colleagues were also working from home or 'virtually' only completing face-to-face visits when this was required, either because of direct care delivery or the needs of the person were such that a face-to-face visit was required.
- 3.2.17 Where face-to-face visits were necessary, front line colleagues were required to use PPE in line with the national guidance.
- 3.2.18 In September 2020 a new Discharge Policy was issued. This introduced a new funding arrangement (Scheme 2) which provided free NHS funding at the point of discharge for up to 6 weeks. It also restarted CHC assessment and required that all people who were discharged under Scheme 1 were assessed and placed on the most appropriate level of care and funding stream before the end of March 2021.
- 3.2.19 In response to this Adult Social Care reconfigured the operational teams and created a Continuing Health Care team to undertake the required assessments and profiled the work the CCG.
- 3.2.20 HAS have also undertaken a significant amount of work to continue to support the care sector. A whole new service area was set up to support Care Settings with the aim of keeping them Covid-19 free and/or reducing the transmission of Covid-19 in our care settings across North Yorkshire. Care settings included residential provision, extra care and supported living environments. Daily meetings for Care Settings Gold and Silver were established. These are multiagency/professional meetings including Chief Nurses, IPC, Care Quality Commission, Public Health and Adult Social Care. Along with the meeting structure a menu of interventions was established, new roles including Contact Officers, making daily calls to care settings, Care Home Liaison Officers, supporting care settings where issues raised and enhancing the Quality and Improvement Team.
- 3.2.21 The Council has implemented a significant package of support to providers in addition to support provided from central government to manage the impact of the pandemic. Support has included dedicated teams to provide daily support and calls for care homes and increased support through quality improvement team for practical support around quality and IPC. Funding support in addition to central government grants has included, payments in advance and on planned care to improve cashflow, a 5% premium on planned payments for providers to manage increased costs of Corona virus from April to September which was reduced to 2.5%. A number of hardship payments supported through supply chain resilience board to prevent provider failure and the coordination of PPE and advice and guidance where required.

3.3 **MTFS: 2020, Beyond 2020 Savings and Budget Pressures**

- 3.3.1 The most recent estimate for the Directorate's 2020-21 position shows an overspend of £10.3m. However behind this net estimate are a number of figures which need to be highlighted.
- 3.3.2 In recent years, the Council has received temporary funding such as Improved Better Care Fund (IBCF) and Winter Pressures Grant. Although much of the IBCF is used for specific projects, working alongside Health partners, some is used to mitigate the

financial pressures in Adult Social Care, as is Winter Funding. In the current 2020-21 projections, it is assumed that the following amounts are supporting the pressures and therefore have reduced the net overspend by these amounts:

- £0.55m of IBCF
- £2.4m Winter Pressures
- £1.6m Growth allocated by NYCC to support Winter Pressures

3.3.3 Winter Pressures funding and IBCF is only guaranteed to continue for the current financial year (2020-21) and, whilst there is some expectation of similar funding continuing to offset budget pressures in the future, this is not guaranteed.

3.3.4 The £10.3m projected overspend reflects COVID-19 related budget pressures of £13.9m and non-COVID net underspends of £2.7m relating to business as usual activity. It also assumes that costs of £23m will be funded by NHS as part of the government's support to costs incurred in keeping people out of hospital.

3.3.5 Costs that are described as COVID-19-related include:

- Payments to providers of an extra 5% (April – Aug) then 2.5% in September – October and a more targeted approach after that (£6.1m)
- Expected costs passing to Adult Social Care as those who are funded by NHS are assessed and become our financial responsibility (£2.9m)
- Extra staffing required (£2m)
- Adult Social Care savings as agreed in the Council's MTFs but now unlikely to be achieved this year (£1.3m)
- Loss of income (£1.1m)
- Mental Health (£0.5m)

3.3.6 These figures are consistent with the estimated position at Q2 but are constantly changing.

3.3.7 However, non-financial performance suggests that a large contributory factor to the "business as usual" underspend is reduced activity – as a result of COVID. Therefore while the council is seeing increased costs directly related to COVID as described above, reduced activity is having the opposite effect. Examples of these – as at October 2020 – are shown in the table below:

Contacts and Referrals	<ul style="list-style-type: none"> • 38,889 contacts in the year to date: down 12.4% on October 2019 • 8,663 referrals year to date, down 18% on 2019
Reablement	<ul style="list-style-type: none"> • Activity levels for the year to date are down 29% year-on-year
Living Well	<ul style="list-style-type: none"> • 46% reduction in referrals for April – June • 32% reduction in referrals for April – October

3.3.8 There is a risk that **Public Health** budget figures are hidden within the overall HAS Directorate budget as expenditure is matched by grant income and planned use of reserves to show a break-even position.

3.3.9 The initial budget requirement for Public Health in 2020-21 was £23.7m, funded by grant of £22.1m and reserves funding of £1.6m. However, the impact of the pandemic on a number of non-COVID-related Public Health contracts has led to reduced expenditure on these plans of an expected £1.4m. The service continues to finalise its plans to reduce expenditure to within the next few years and this includes discussions with partners to agree new arrangements with Harrogate District Foundation Trust and York Teaching Foundation Trust to deliver Health Child Programme and sexual health services, respectively.

3.3.10 Reducing Budget Pressures

3.3.11 Despite the increased financial complexity caused by COVID-19, we continue to look at areas where we can reduce costs as part of an Adult Social Care Budget Recovery Plan.

3.3.12 This plan focuses on three key areas. One of these – the **Market** – is highlighted above. The other areas are **Practice** and **Productivity**.

3.3.13 In terms of **Practice**, we are on a ten-year journey to ensure our practice is confident and consistent. We have made a good start in introducing a Strength-Based Assessment (SBA). SBA is about making an assessment on the basis of what the individual can do, what support they can get from their family, friends and community and, only then, looking at how that can be enhanced by a care package - a radically different type of practice from the social care provided since the 1990 NHS & community care act took effect in April 1993.

3.3.14 We will also ensure that standards of **Productivity** are high right across the entire Council. We will make best use of technology. To minimise the number of assessments which end before completion (one in four), we will strengthen our so-called “front door” arrangements. This is where we can quickly make decisions about which route to take with different social care contacts and referrals and therefore reduce unproductive effort.

3.3.15 A revised Recovery Plan is now in place and focusses on the following areas:

3.3.16 Making Budget Management Work

- Revised Scheme of Delegation
- Budget Management Skills
- Improved Forecasting and other business processes

3.3.17 Improving Budgetary Control in Practice

- Improved data monitoring and budget tracking
- Development of a budget performance and activity dashboard
- Practice Review meetings
- Introduction of training materials
- Professional Reasoning checklist
- Closer scrutiny of adult social care activity, practice and performance
- Clear exit strategies for temporary funding and projects

- Ensuring the correct split of costs between NYCC and NHS (especially Continuing Health Care) and people who use our services

3.4 THE SOCIAL CARE MARKET

3.4.1 We continue to see increased market pressures:

- 62% of new admissions have been placed above NYCC rates
- Those areas above the county average are Selby, Harrogate and Craven
- 54% of current placements are above NYCC rates (was 50% in September 2019)

3.4.2 If anything, market pressures have increased due to COVID, with provider failure becoming more common. During the pandemic we have seen three significant care home provider failures in Scarborough, Selby and Whitby. This has particularly impacted on availability of care within the Selby and Whitby areas increasing cost for replacement care and reducing availability in these areas. In addressing these areas, we will bring forward actions to reduce costs, including consideration of policy in some cases, as well as practice and commercial possibilities. Our revised approach includes:

- Developing a business case to determine the viability of developing a complex care dementia village in Harrogate
- Revised approach to the Actual Cost of Care exercise which sets the Councils recommended funding levels each year for the care market
- New approach to Supported Living to improve accommodation and reduce inequalities across the care pathway
- A one year negotiated settlement for 2020/21 outside of the ACOC process which brought a more targeted approach
- Development of a quality pathway to support the care market more proactively

3.5 WORKFORCE

3.5.1 The Covid-19 Pandemic has brought significant challenges for Adult Social Care and our workforce.

3.5.2 During the first wave of Covid-19 and following the furlough scheme introduced by central government a significant number of new recruits to Adult Social Care were made to support the delivery of services to people with care and support needs in our communities and small number of these have been retained as we have moved through the pandemic.

3.5.3 HAS Connected was introduced to maintain contact by the leadership with frontline colleagues during the pandemic. Initially this was weekly via the GoTo platform and provided an opportunity to keep people updated with how Covid-19 was progressing and the impact for North Yorkshire, but also provided an opportunity for frontline colleagues to raise issues or concerns. The feedback on these sessions has been very positive and they have continued though since September have been stepped down to monthly meetings.

3.5.4 A recent piece of work has been undertaken looking at the impact of the changes made during the pandemic for our workforce. This followed a number of concerns

being raised by frontline colleagues about the challenges they were facing in terms of the volume of work and new ways of working.

- 3.5.5 In summary, the issues are multi-factorial. The data for adult social care shows a significant reduction in overall referrals during the period of the pandemic. However, front line teams report struggling to keep up with demand, some of this has been down staff shortages, either vacant posts or sickness. Covid-19 absence has not had a significant impact on the assessment teams. Other factors affecting frontline colleagues are fatigue, people feeling tired or weary as a consequence of the pandemic. Colleagues are frequently encouraged to take breaks whilst working from home but also to take their leave. Related to this is access to support, whilst working from home people have reported it is harder to access the support from colleagues or line manager when you're not office based. Some colleagues have reported this having a negative impact on their home life.
- 3.5.6 Change and new ways of working is also a contributing factor to the pressure our workforce is reporting. Over the past 9 months our workforce has gone through significant change;
- in the way they are organised,
 - the times they are required to work,
 - the things we are asking them to do,
 - the way they deliver care
 - and the changing requirements and guidance around PPE and IPC
- 3.5.7 Over the past years we have seen increased referral to Health Assured with stress and mental distress being the highest referral reason.
- 3.5.8 Any workforce issues relating to Brexit and general demand within the market may also lead to pay inflation and we will monitor both of these issues over the next year.

4.0 DIRECTORATE RISK REGISTER

- 4.1 The **Directorate Risk Register** (DRR) is the end product of a systematic process that initially identifies risks at Service Unit level and then aggregates these via a sieving process to Directorate level. A similar process sieves Directorate level risks into the Corporate Risk Register.
- 4.2 The Risk Prioritisation System used to derive all Risk Registers across the County Council categorises risks as follows:
- Category 1 and 2 are high risk (RED)
Category 3 and 4 are medium risk (AMBER)
Category 5 is low risk (GREEN)
- 4.2.1 These categories are of course relative not absolute assessments - equally the Risk Register at Directorate level is designed to identify the dozen or so principal risks that may impact on the achievement of performance targets etc. for the Directorate as a whole in the year – it is not a full Register of all the risks that are managed in the Directorate.
- 4.3 The detailed DRR is shown at **Appendix A**. This shows a range of key risks and the risk reduction actions designed to minimise them together with a ranking of the risks both at the present time and after mitigating action.

- 4.4 A summary of the DRR is also attached at **Appendix B**. As well as providing a quick overview of the risks and their ranking, it also provides details of the change or movement in the ranking of the risk since the last review in the left hand column.
- 4.5 A six month update review of the register will take place in February 2021
- 4.6 One risk has been deleted from the Directorate risk register since October 2019. This is the risk of failure to effectively deliver the Extra Care Programme and EPH re-provision which will now appear on the relevant specific Service Risk Register.
- 4.7 The significant actions that were achieved include the following:
- Confident and Consistent Practice – Implementation and review of new safeguarding operational guidance and practice
 - Financial Pressures – Budget Recovery Action Plan in place
 - Major Failure due to Quality and/or Economic Issues in the Care Market – recruitment to quality and improvement team
 - Workforce Planning and Development – Coronavirus controls including: Weekly wider leadership team meeting, monthly locality HAS connected meetings (all staff included); Outbreak management plan; care home liaison team established for the independent sector; on call rotas established; Covid infection and protection control training in place;
 - Information Governance and Health and Safety – Implementation of a work programme for the Directorate Information Governance Group
- 4.8 A number of new actions have been included, a large proportion of which are related to COVID. These include:
- Partnership and Integration with the NHS – Ensure records of decision-making during Coronavirus pandemic are complete; Review arrangements relating to time limited additional social care funding at March service plan challenge with Chief Exec
 - Financial Pressures – Seek to better understand financial impact of decisions made as part of the Confident and Consistent Practice model and diagnostic work; Reassess all those living in CVT properties to clearly identify needs around daytime support, commissioning conversation has taken place and NYCC position outlined; Weekly budget clinic with heads of service reviewing high cost placement starters and leavers; these continue but now look at all activity not just starters and leavers; Need to fully understand and assess the budget impact of Covid
 - Workforce Planning and Development – Support managers with tools, techniques, communication and sign posting to support workforce wellbeing
 - Major Failure due to Quality and/or Economic Issues in the Care Market – Starting a system wide market development board to monitor the impact of Covid and other issues in the market; individual work streams within this to be established
 - Information Governance and Health and Safety – Develop and implement regular H&S data updates to HASLT (linked to implementation of B-safe system)
- 4.9 Any ranking changes of the risks are shown on the left-hand side of the Summary report **Appendix B**.

5.0 RECOMMENDATION

- 5.1 That the Committee note the Risk Register for the Health and Adult Services Directorate and provide feedback or comments thereon.

RICHARD WEBB
Corporate Director – Health & Adult Services
December 2020

Health and Adult Services Directorate

APPENDIX A

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2nd December 2020 (cpc)**

Phase 1 - Identification											
Risk Number	3/180	Risk Title	3/180 - Partnership and Integration with Health				Risk Owner	CD HAS	Manager	HAS AD HI HAS AD C&S Dir Public Health HAS AD C&Q	
Description	Failure to achieve the best outcomes from working jointly with the Commissioner and Provider resulting in suboptimal maximisation of integration across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes.					Risk Group	Partnerships	Risk Type	Corp 20/47		
Phase 2 - Current Assessment											
Current Control Measures		Effective HWB partnership with clear reviewed and revised governance providing strategic leadership regarding H&W across the County; chief Officer representation influencing the development of STP/ICs; HASLT locality delivery model in place actively shaping local integration plans; Joint leadership in Harrogate developing a new model of care building on the work of Vanguard; joint commissioning boards in Hamb/Rich and Scarborough/Ryedale CCGs underpinned by s75 agreements; investment of IBCF and BCF to protect social care; Joint Health and Well-being Strategy in place; corporate task and finish group for DToC in place; HWB development sessions; Integration and Better Care Fund Plan developed with CCGs and agreed at Health and Wellbeing Board; 2020 Health Programme focussing on integration established; York and North Yorkshire SLE in place with a work programme of 10 priorities; joint commissioning boards for HRW and Scarborough in place (but in abeyance pending re-organisation of NY CCGs;									
Probability	H	Objectives	M	Financial	H	Services	M	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	1/92 - Work jointly with CCGs to improve and enhance operational pathways whilst working within the National Framework; temporary enhanced working CHC team in place						HAS AD C&Q	Fri-30-Apr-21			
Reduction	3/208 - Ensure NHS partners are fully aware of the democratic and political environment they are operating within and liaise with Scrutiny colleagues to ensure a positive outcome (ongoing)						CD HAS	Tue-30-Jun-20	Tue-30-Jun-20		
Reduction	3/209 - Actively monitor relationships, priorities and communications and ensure that HAS managers are fully engaged at appropriate level and review at HAS WLT on a regular basis (ongoing)						CD HAS	Wed-30-Jun-21			
Reduction	3/384 - Agree and implement Harrogate and Rural Alliance (Sept 2019 complete) integration of community health and social care services and also further new models of care when emerging new Primary Care Networks are established.						CD HAS	Wed-31-Mar-21			
Reduction	3/385 - Engage wider HASLT in testing the implications of different integration models (ongoing)						HAS AD C&Q HAS AD HI	Wed-31-Mar-21			
Reduction	3/420 - Develop proposals to align to the emerging new Primary Care Networks which will be established. (temporarily implemented due to Covid-19 requirements and reviewed during recovery).						HAS AD HI	Sun-31-Jan-21			
Reduction	3/428 - Improve the DToC (Delayed Transfer of Care) performance to avoid financial penalties and reputational issues. Implement the work programme of the Transfers of Care Board. – HI overview with C&S delivery, continued progress on the social care element but still reliant on the NHS areas						HAS AD C&S HAS AD HI	Tue-30-Jun-20	Tue-31-Mar-20		
Reduction	3/429 - Consider MoUs for STP / ICS across the County that explicitly define the Council's involvement and engagement in these arrangements; WY&H is done, HC&V still to do						CSD AD SR (AH) HAS AD C&Q HAS AD HI	Wed-31-Mar-21			
Reduction	3/460 - Ensure that we account for the BCF and IBCF funding as per the Regulations on a quarterly basis (ongoing)						CSD AD SR (AH)	Mon-31-Aug-20	Tue-31-Mar-20		

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Risk Register: **Month 0 (October 2020) – detailed**

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Reduction	3/467 - Actively work with Partners on a new way for the health system to work in North Yorkshire	HAS AD HI	Tue-31-Mar-20	Tue-31-Mar-20							
Reduction	3/563 - Manage relationships at Trust and CCG level as a result of leadership changes (ongoing)	CD HAS	Tue-31-Mar-20	Tue-31-Mar-20							
Reduction	3/564 - Carry out a post implementation review of HARA	HAS AD C&S (Asmt.)	Wed-31-Mar-21								
Reduction	3/638 - Review all processes relating to DToC (Delayed Transfer of Care) during recovery from Coronavirus impact to ensure they are sustainable	HAS AD C&Q HAS AD C&S	Wed-30-Jun-21								
Reduction	3/639 - Ensure records of decision making during Coronavirus pandemic are complete	CD HAS	Wed-31-Mar-21								
Reduction	324/491 - Review arrangements relating to time limited additional social care funding at March service plan challenge with Chief Exec.	CD HAS CD SR	Tue-31-Mar-20	Tue-31-Mar-20							
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	H	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	3/532 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.									Action Manager	
										CD HAS	

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Phase 1 - Identification											
Risk Number	3/264	Risk Title	3/264 - Confident and consistent practice				Risk Owner	CD HAS	Manager	HAS AD C&S	
Description	Failure to establish the workstreams and processes needed to embed the confident and consistent practice programme across the county resulting in poor outcomes for individuals, missed opportunities to change and improve the service, inability to realise budgetary savings and criticism					Risk Group	Change Mgt	Risk Type	C&S 1/222		
Phase 2 - Current Assessment											
Current Control Measures			Programme developed; new safeguarding operational guidance and practice								
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	1/360 - Robustly review and take learning from various practice areas; completed the diagnostic self audit with managers and practitioners, now need to implement the identified improvements						HAS AD C&S	Tue-31-Aug-21			
Reduction	1/444 - Ensure consistent decision making to improve outcomes for people and ensure value for money; introduced scheme of delegation around financial decisions, then reviewed and extended it to self-authorisation by frontline staff, needs further testing and embedding; also introduced practice support sessions to explore alternative support options with service users						HAS AD C&S	Tue-31-Aug-21			
Reduction	1/511 - Use technology better to reduce operational costs (travel to meetings etc.); accelerated by Covid and included new conversation tool for carers and those with assessed needs under Care Act; use of hubs in Ryedale; virtual assessment methodology; still further options to consider re online assessment						HAS AD C&S	Tue-31-Aug-21			
Reduction	1/571 - Improve well-being of teams; demand and capacity work carried out; festival of practice held, with self-help sessions for staff						HAS AD C&S	Tue-31-Aug-21			
Reduction	1/572 - Promote culture of continuous improvement including managing risk safely, dynamic risk taking and strength based approaches - ongoing						HAS AD C&S	Tue-31-Aug-21			
Reduction	1/573 - Compare costs of commissioned packages of care to the costs of packages funded through direct payments; completed but no definitive outcomes						HAS AD C&S	Mon-31-Aug-20	Sun-31-May-20		
Reduction	1/574 - Agree a more data informed, targeted approach to maximising the use of direct payments that are cost effective and give people greater control.						HAS AD C&S (Asmt.)	Tue-31-Aug-21			
Reduction	1/575 - Ongoing programme of training and learning for teams about the benefits and impacts of direct payments and support practice through sharing of case examples and local area guidance.						HAS AD C&S	Tue-31-Aug-21			
Reduction	1/577 - Review the provision of Direct Payments for carers (Carers Grants) in partnership with the revised carers pathway and offer and in keeping with the Care Act and requirements around personal budgets; all in train, new pathway to be launched						HAS AD C&S (Asmt.) HAS C&S Ho TP	Thu-31-Dec-20			
Reduction	1/578 - Review current and design new carers pathway, to include a focus on young carers						HAS C&S Ho TP	Sun-31-May-20	Sun-31-May-20		
Reduction	1/579 - Carers assessments (to look at either adopting Trusted Assessor mode or look at commissioning) to be strength based; now introducing a carers conversation record						HAS C&S Ho TP	Tue-31-Aug-21			

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Reduction	1/580 - Living Well (as a carer) opportunities to be explored	HAS C&S Ho TP	Sun-31-May-20	Sun-31-May-20							
Reduction	1/581 - Agree targets for consistency county wide in order to strive for equity; more to do, practice framework will include targets and performance aspects	HAS C&S Ho TP	Tue-31-Aug-21								
Reduction	1/582 - Embed the widened short breaks offer - as countywide and for wider user group	HAS C&S Ho TP	Sun-31-May-20	Sun-31-May-20							
Reduction	1/617 - Review of front door to improve demand management, addresses safeguarding and take a proactive approach to review activity; enhanced during C19, new SG procs, will continue as part of transformation work	HAS AD C&S (Asmt.)	Tue-31-Aug-21								
Reduction	1/618 - Understand the pressure and continue to improve resilience in place as ASC leadership team	HAS AD C&S (Asmt.)	Tue-31-Aug-21								
Reduction	1/619 - Implement training around section 117 protocols	HAS AD C&S (Asmt.)	Sun-31-May-20	Sun-31-May-20							
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	1/15 - Review performance and capacity including access to additional funding									Action Manager	
										HAS AD C&S (Asmt.)	

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Phase 1 - Identification											
Risk Number	3/229	Risk Title	3/229 - Financial Pressures				Risk Owner	CD HAS	Manager	CSD AD SR (AH)	
Description	Financial pressures arising from difficulties in delivering MTFs Savings requirements, managing in year financial overspends, Better Care Fund contributions, market pressure and complexity of client needs leading to service impact or additional savings needing to be identified within HAS or corporately.				Risk Group	Financial	Risk Type	C&S 1/252			
Phase 2 - Current Assessment											
Current Control Measures		Fortnightly performance and governance HAS LT meetings; Corp PMO resources applied to projects and programme management; regular monitoring of in year financial performance and reporting to portfolio Members; corp provision for financial pressures in HAS available for drawdown; reviewed HAS 2020 including completion of benefits profiles for all savings lines; heat map action plan completed; recommendations from the actual cost of care exercise implemented; tracking of paper records in place for performance; 2020 Benefits deep dive carried out and regular budget deep dives with Chief Exec and CD SR; review of 4% savings business cases; fundamental review and ongoing review; Harrogate feasibility study by consultants for new care facility completed; phase 1 of full business case for new Dementia Care Village completed; action plan to address the care and support overspend developed; SBR now business as usual and being introduced to Supported Living; budget recovery action plan in place;									
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
Reduction	1/569 - Seek to better understand financial impact of decisions made as part of the Confident and Consistent Practice model and diagnostic work.					Action Manager	HAS AD C&Q	Action by	Thu-30-Sep-21	Completed	
Reduction	1/570 - Reassess all those living in CVT properties to clearly identify needs around daytime support, commissioning conversation has taken place and NYCC position outlined					Action Manager	HAS AD C&Q	Action by	Fri-30-Apr-21	Completed	
Reduction	1/615 - Implement Phase 1 SBA within Mental Health; good progress made					Action Manager	HAS AD C&Q	Action by	Thu-30-Sep-21	Completed	
Reduction	1/616 - Achieve earlier, clearer budget position with Team Managers responsible for budget management including forecasting; linked to budget recovery plan work					Action Manager	HAS AD C&Q	Action by	Thu-30-Sep-21	Completed	
Reduction	1/633 - Weekly budget clinic with heads of service reviewing high cost placement starters and leavers; these continue but now look at all activity not just starters and leavers					Action Manager	HAS AD C&Q	Action by	Thu-30-Sep-21	Completed	
Reduction	1/647 - Continue with weekly budget tracking to assist with budget recovery					Action Manager	HAS AD C&Q	Action by	Thu-30-Sep-21	Completed	
Reduction	1/648 - Need to fully understand and assess the budget impact of Covid					Action Manager	CSD AD SR (AH) HAS AD C&Q	Action by	Thu-30-Sep-21	Completed	
Reduction	3/247 - Continue to revise and update a market position statement; this is now an online statement with different aspects being updated as and when required					Action Manager	HAS AD C&Q	Action by	Tue-30-Jun-20	Completed	Tue-30-Jun-20
Reduction	3/379 - Implement Budget recovery action plan with ongoing review on a quarterly basis					Action Manager	CSD AD SR (AH)	Action by	Wed-31-Mar-21	Completed	
Reduction	3/421 - Complete phase 2 of the strength based assessments working with people with complex needs					Action Manager	HAS AD C&Q	Action by	Thu-30-Sep-21	Completed	
Reduction	3/423 - Complete the Financial assessments, billing and contracts (ABC) project to improve market and cost information, service standards and information security					Action Manager	CSD AD SR (AH) HAS AD HI	Action by	Sun-31-Oct-21	Completed	

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Reduction	3/460 - Ensure that we account for the BCF and IBCF funding as per the Regulations on a quarterly basis (ongoing)	CSD AD SR (AH)	Mon-31-Aug-20	Tue-31-Mar-20							
Reduction	3/472 - Implement action plan following outcome of state of the market exercise and ensure inclusion of NHS and Partners - ongoing (Make Care Matter; IBCF monies used for Recruitment Hub and Learning4Care) and regularly report to ISPB	HAS AD C&Q	Wed-30-Sep-20	Wed-30-Sep-20							
Reduction	3/561 - Continue to carry out feasibility study on development of new care facility to help alleviate care home affordability issue. (need to expand on potential work in this area and also develop business cases for new nursing home provision)	HAS AD C&Q	Fri-30-Apr-21								
Reduction	3/562 - Monitor proportion of care packages within affordable budget to ensure we remain within the parameters of the Cost of Care Agreement (ongoing)	HAS AD C&Q	Fri-30-Apr-21								
Reduction	3/567 - Complete full business case for new Dementia Care Village with Commercial team (phase 1 complete); further work requested will return to mgt board	HAS AD C&Q	Mon-30-Nov-20								
Reduction	3/568 - Monitor proportion of care packages within affordable budget to ensure we remain within the parameters of the Cost of Care Agreement (ongoing)	HAS AD C&Q	Fri-30-Apr-21								
Reduction	3/631 - Commissioning team (in their service improvement role) will be acting as an internal peer challenge around high cost spend and market ability to enable the development of a Locality service improvement plan	HAS AD C&Q	Fri-30-Apr-21								
Reduction	3/632 - Develop and implement OD Programme (in stages) for HAS Managers to encompass People, Pounds, Performance, Practice and Partnerships	HAS HoHR	Wed-31-Mar-21								
Reduction	3/635 - Explore additional T&C programme support to assist with major projects	CD HAS	Thu-31-Dec-20								
Reduction	3/636 - Complete the roll out of CHC training and agree a way forward on CHC cases; training agreed but this is still to carry out; back office team for CHC to help track invoicing and notifications; independent audit recommendations being considered	CD HAS CSD AD SR (AH) HAS AD C&Q HAS AD C&S (Prov.)	Wed-31-Mar-21								
Reduction	5/532 - Work with Exec and others to agree PH spending once the ring-fence is removed, in the context of the BEST program including both what the budget will be and on what it will be spent. Further meeting planned and work to continue on the funding gap proposals; ongoing, a number of meetings are set for January 2020 with finance; reserve in place for 20/21	CSD AD SR (AH) Dir Public Health	Sun-31-Oct-21								
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	3/567 - Further fundamental review in order to further prioritise services									Action Manager	CSD AD SR (AH)

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Phase 1 - Identification											
Risk Number	3/184	Risk Title	3/184 - Workforce Planning and Development				Risk Owner	CD HAS	Manager	HAS HoHR	
Description	Failure to appropriately plan and fulfil workforce requirements and / or develop managers and staff in line with transformation agenda including the impact of Coronavirus and to ensure service continuity resulting in reduction in quality of service and transformation objectives not achieved, staff unclear about their roles and an inability to implement new ways of working				Risk Group	Personnel	Risk Type	Dir Only			
Phase 2 - Current Assessment											
Current Control Measures		Workforce Strategy and OD Plan refreshed and agreed by HAS LT; HR representation on programme/project groups with regular monitoring by HASLT; Directorate Vision in place; regular DJCC meetings with Unison; training plan in place; ASYE implemented; assessment pathway programme; Practice team in place; Practice development sessions for practitioners rolled out; Learning4Care and Recruitment Hub to support the independent and voluntary sector in place; monthly performance reports including service delivery reports, complaints and commendations and workforce metrics, and Q workforce reports to HASLT; Strength based approach in place; Living Well Service in place; management arrangements for Mental Health services in place and wider Mental Health team structures implemented; PIR of Care and Support restructure is complete; new manager programme developed and implemented; Manager Skills Audit undertaken to inform OD Programme; new working patterns in Care and Support in place; Coronavirus controls including: Weekly wider leadership team meeting, monthly locality HAS connected meetings (all staff included); Outbreak management plan; care home liaison team established for the independent sector; on call rotas established; Covid infection and protection control training in place;									
Probability	H	Objectives	M	Financial	H	Services	H	Reputation	M	Category	1
Phase 3 - Risk Reduction Actions											
	Reduction	Action Manager	Action by	Completed							
	3/189 - Provision of training through Learning4Care to support the independent and voluntary sector with the ICG and providers	HAS HoHR	Wed-31-Mar-21								
	3/207 - Provision of Recruitment Hub to support the independent and voluntary sector with the ICG and providers and explore options for in house agency	HAS HoHR	Wed-31-Mar-21								
	3/218 - Continue to implement the Directorate Training Plan which encompasses all the key changes facing Operational Staff and equips Heads of Service and SMs to ensure delivery (ongoing)	HAS AD C&S HAS HoHR	Sun-31-Oct-21								
	3/231 - Continue to ensure Directorate Managers are provided with training in people management processes, reorganisation and redundancy processes, change management, 'common sense' performance management and forecasting needs (ongoing)	HAS HoHR	Tue-31-Aug-21								
	3/340 - Provide HR and WD advice and support to Managers leading Transformation Projects (ongoing)	HAS HoHR	Tue-31-Aug-21								
	3/372 - Ensure leadership and management continue to evolve methods of effective communication to enable involvement and feedback from staff and co-production with service users and partners (ongoing)	HAS LT	Tue-31-Aug-21								
	3/463 - Continue to develop and implement the Make Care Matter campaign to ensure recruitment across the Sector encompassing ideas from people who have lived experience and operational staff (ongoing)	HAS AD C&S HAS HoHR	Tue-31-Aug-21								
	3/476 - Support staff to operate into integrated teams and arrangements (ongoing)	HAS AD C&S HAS HoHR	Tue-31-Aug-21								
	3/547 - Develop and implement OD Programme (in stages) for HAS Managers to encompass People, Pounds, Performance, Practice and Partnerships	HAS HoHR	Wed-31-Mar-21								
	3/548 - Continue delivery of New Manager Development Programme	HAS HoHR	Wed-31-Mar-21								

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Reduction	3/649 - Support managers with tools, techniques, communication and sign posting to support workforce wellbeing					HAS HoHR	Tue-31-Aug-21				
Reduction	3/1964 - Continue to engage with and contribute to North Yorkshire workforce priorities (ongoing)					HAS LT	Tue-31-Aug-21				
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	M	Services	H	Reputation	L	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	3/531 - Review and revise workforce arrangements including managers' responsibilities							Action Manager			
								CD HAS			

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Phase 1 - Identification											
Risk Number	3/167	Risk Title	3/167 - Public Health			Risk Owner	CD HAS	Manager	Dir Public Health		
Description	Failure to manage the response to Corona whilst at the same time deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions and manage within the available funding resulting in failure to maximise health gain in the County, inability to effectively commission public health services, develop and implement strategies and manage the Public Health grant				Risk Group	Partnerships	Risk Type	PH 5/196			
Phase 2 - Current Assessment											
Current Control Measures			Regular Public Health business and team meetings; Consultant link roles with NYCC Directorates, CCGs and Districts; Public Health service plan in place; Consultation on public health commissioning intentions; MOU for Advice Service with CCGs in place; Health and Wellbeing Board; H & W Strategy; Link to relevant Em Planning/Health Protection structures in place; PH team performance monitoring mechanism in place; updated JSNA in place; development of financial framework; Major contracts and service are procured; dealing with letting new contracts; quarterly reports to HASLT and PH Business team; new financial framework for PH budget finalised;								
Probability	H	Objectives	M	Financial	H	Services	M	Reputation	M	Category	I
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	3/233 - Ensure effective arrangements are in place for the Healthy Child Programme; extended to Apr 2021				Dir Public Health	Fri-30-Apr-21					
Reduction	5/246 - Continue to ensure Public Health statutory functions are met				Dir Public Health	Sun-31-Oct-21					
Reduction	5/247 - Continue development of the Public Health Advisory Service for CCGs				Dir Public Health	Sun-31-Oct-21					
Reduction	5/248 - Ensure 2020 Finance continues to consider Public Health needs and that Public Health team are aware of impact on resource and finance risk (development of 5 year indicative framework); some additional funding, will need to revisit, current savings targets met				Int Fin Acc	Sun-31-Oct-21					
Reduction	5/249 - Explicitly embed Public Health in the Councils mainstream strategies and policies eg. trading standards, education, children social care, LEP (ongoing) and embed within the HAS locality model				Dir Public Health	Sun-31-Oct-21					
Reduction	5/251 - Continue to ensure sufficient capacity and skills in the Public Health team and in the interim, explore alternative solutions to release more time for consultant level work; still pressures around PH Consultant and PH Intelligence posts				Dir Public Health	Sun-31-Oct-21					
Reduction	5/313 - Continue to ensure good systems are in place for monitoring our performance against the PHOF by reporting as part of the Council's performance framework				Dir Public Health	Sun-31-Oct-21					
Reduction	5/532 - Work with Exec and others to agree PH spending once the ring-fence is removed, in the context of the BEST program including both what the budget will be and on what it will be spent. Further meeting planned and work to continue on the funding gap proposals; ongoing, a number of meetings are set for January 2020 with finance; reserve in place for 20/21				CSD AD SR (AH) Dir Public Health	Sun-31-Oct-21					
Reduction	5/557 - Stop Smoking Service: Continue to support the in-house smoking cessation services and build the necessary relationships with Live Well Smoke Free and build the required governance and reporting arrangements				Dir Public Health	Fri-30-Apr-21					
Reduction	5/643 - Virus Control - effective management of Test and Trace Programme and Local Outbreak Control (including the Outbreak Management Advisory Board, Test and Trace team, and Local Outbreak Control Plan.)				Dir Public Health	Sun-31-Oct-21					

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Reduction	5/644 - Seek to understand the impacts of post PHE structures and impact of LGR						Dir Public Health	Sun-31- Oct-21			
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	3/526 - Further develop and implement alternative delivery models taking into account good practice elsewhere								Action Manager		
									Dir Public Health		

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Phase 1 - Identification											
Risk Number	3/162	Risk Title	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market				Risk Owner	CD HAS	Manager	HAS AD C&Q	
Description	Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.				Risk Group	Legislative	Risk Type	Comm 47/159			
Phase 2 - Current Assessment											
Current Control Measures		Regular review and monitoring of contracts in addition to close working relationship with corporate procurement colleagues. Quality Improvement Team now embedded into the service and continuing to work well. Market position statement created as an online tool to support commissioning and interventions into the market. Work underway to develop a quality pathway with enhanced market surveillance to ensure market oversight in line with The Care Act. Hardship process in place to enable financial assistance to the market where value for money and strategic need can be evidenced. Service Development function now created linked to locality working to identify market issues at an early stage and appropriate market support strategies are created. Ongoing rolling programme of audits by Veritau of individual suppliers. Initial business case approved for Intervention into Harrogate market. Enhanced care homes services in place during Coronavirus pandemic to provider wrap around support to the market									
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
	Reduction	Action Manager	Action by	Completed							
	3/247 - Continue to revise and update a market position statement; this is now an online statement with different aspects being updated as and when required	HAS AD C&Q	Tue-30-Jun-20	Tue-30-Jun-20							
	3/254 - Jointly with Health continue to monitor baseline assessments QA framework and risk profiles of providers; targets are reviewed at quarterly officer meetings and info fed into engagement group; ongoing pursuit of opportunities for joint working between HAS and NHS with plans in place for health brokerage (brokerage pilots in place)	HAS AD C&Q	Tue-30-Jun-20	Tue-30-Jun-20							
	3/371 - Continue with regular engagement meetings with CQC locally and engage with CQCs national programme of identifying providers where there is significant risk of failure;	HAS C&Q Ho Q&M	Tue-30-Jun-20	Tue-30-Jun-20							
	3/472 - Implement action plan following outcome of state of the market exercise and ensure inclusion of NHS and Partners - ongoing (Make Care Matter; IBCF monies used for Recruitment Hub and Learning4Care) and regularly report to ISPB	HAS AD C&Q	Wed-30-Sep-20	Wed-30-Sep-20							
	3/519 - Review any opportunities to stabilise the market through additional Govt funding given to social care for this purpose (review position each year for next 3 years of funding); IBCF being used for piloting an approach to rural dom care, supporting recruitment and training	CSD AD SR (AH) HAS AD C&Q	Thu-30-Apr-20	Sat-29-Feb-20							
	3/1963 - Continue to engage in ADASS work to manage major problems occurring, such as financial issues in the care provider market and ensure robust contingency planning and to learn lessons from serious case reviews at a national level; more work being done to enhance regional ways of working; this continues, working through any remaining data sharing issues with Data Governance	HAS AD C&Q	Thu-31-Dec-20								
	47/221 - Continue to work with Veritau on audits of individual suppliers (rolling programme in place)	HAS C&Q Ho Q&M	Wed-31-Mar-21								
	47/486 - Monitor issues caused by the complex partner relationships, meetings and structures and raise at HASLT where appropriate - ongoing	HAS AD C&Q	Wed-30-Jun-21								
	47/587 - Developing a quality pathway, revising processes and procedure and incorporating best practice adopting a risk based / predictive approach; this will come from the focussed review	HAS AD C&S (Asmt.)	Fri-30-Apr-21								

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Reduction	47/600 - Rewriting quality policies with input from Veritau as part of focussed review	HAS AD C&S (Asmt.)	Fri-30-Apr-21								
Reduction	47/602 - Work with ICG to ensure provider BCPs are in place and evidence of testing can be provided	HAS AD C&Q	Tue-30-Jun-20	Tue-30-Jun-20							
Reduction	47/603 - Consideration of market interventions, including development of a provider arm or a proposal to bring organisations together (initial business case approved for intervention into Harrogate market)	HAS AD C&Q	Thu-30-Sep-21								
Reduction	47/646 - Starting a system wide market development board to monitor the impact of Covid and other issues in the market; individual work streams within this to be established	HAS AD C&Q	Thu-30-Sep-21								
Phase 4 - Post Risk Reduction Assessment											
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	3/523 - Make client safe, crisis meeting, implement relevant steps, consultation with senior staff and relevant organisations (e.g. Police CQC). Effective communication to relevant parties, utilise established failure plan.									Action Manager	HAS AD C&Q

Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2nd December 2020 (cpc)**

Phase 1 - Identification											
Risk Number	3/217	Risk Title	3/217 - Deprivation of Liberty (DoLS) Supreme Court Ruling					Risk Owner	CD HAS	Manager	HAS AD C&Q
Description	Failure to manage increase in workload (and manage the existing backlog) as a result of the DoLS Supreme Court judgment and adequately prepare for the implementation of Liberty Protection Safeguards resulting in financial and reputational issues including potential legal action						Risk Group	Legislative	Risk Type	C&S 1/219	
Phase 2 - Current Assessment											
Current Control Measures		Resources and capacity have been increased; action plan in place in line with ADASS recommendations; regular report on activity, performance and finance provided to Leadership Team; statutory process implemented; action plan reviewed following external review; Corporate funding draw down; briefing report to CMB with ongoing quarterly reports; training reviewed; review of backlog and risks carried out; LEAN review of the process carried out; regular briefings to HASLT, staff and providers; continue to monitor and manage capacity and resource issues; project steering group; HASLT paper December 2019									
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	1/100 - Ensure the In-House registered providers adhere to the DoLS supreme court judgement ongoing						HAS AD C&S	Tue-31-Aug-21			
Reduction	1/502 - Work through backlog management plan for the lower risk (as defined by ADASS) people including proposal for extra resource to assist in this area; two additional posts at Best Interest Assessor level appointed to ensure appropriateness of rating of those on the outstanding list; BIA have helped reduce overspend						HAS AD C&S	Tue-31-Aug-21			
Reduction	1/525 - Continue to manage the Court of Protection applications demand using the same approach for DoLS (ADASS prioritisation tool) and work with partners and extra care providers to ensure cases aren't missed; will be changing as a result of LPS, coming to an end						HAS AD C&S	Thu-31-Dec-20			
Reduction	1/559 - Looking at process of reviews so that concerns can be picked up earlier; continuous improvement sought						HAS AD C&S	Tue-31-Aug-21			
Reduction	1/595 - Carry out options appraisal for revised approach required to meet new legislation						HAS AD C&S	Tue-31-Aug-21			
Reduction	1/634 - Provide updates to HASLT every 3 months on DoLS work and preparation for implementation of Liberty Protection Safeguards						HAS AD C&S	Tue-31-Aug-21			
Reduction	3/255 - Prepare for implementation of Liberty Protection Safeguards; LPS guidance and legislation delayed due to impact of Coronavirus, implementation target now April 2022)						HAS AD C&S	Tue-31-Aug-21			
Reduction	3/320 - Form a project steering group with external partners to scope the outputs against the required changes in legislation; is in place but will need to reconvene in 2021						HAS AD C&S	Wed-30-Jun-21			
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	3/556 - A further review of the action plan, with external support may be sought. Escalation to senior management with potential options for mitigation. Options appraisal.								Action Manager		
									HAS AD C&S (Prov.)		

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Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2nd December 2020 (cpc)**

Phase 1 - Identification											
Risk Number	3/27	Risk Title	3/27 - Safeguarding Arrangements				Risk Owner	CD HAS	Manager	HAS AD C&S (Prov.) HAS AD HI	
Description	Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act) results in risk to service users, inability to reach required standard on CQC and adverse effect on Directorate reputation.					Risk Group	Partnerships	Risk Type	C&S 1/14		
Phase 2 - Current Assessment											
Current Control Measures			Detailed action plan; Safeguarding service manager and team; strengthening of Safeguarding policy team; case file audit and review; independent chair to Safeguarding Board in place; risk enablement panel in place and being reviewed; countywide safeguarding general manager in place; testing of initial performance metrics for Safeguarding Board has taken place further developing performance activity; initial safeguarding procedures reviewed linked to consultation in light of the Care Act and are being reviewed again; safeguarding board performance framework; Q&E [protocol for the relationship between Adults Social Care (and Children's Trust) and the Health and Wellbeing Board agreed and implemented;] information framework for serious incident data, eg drug death etc in place; recommendations from the commissioned independent review of safeguarding practice taken into consideration as part of the preparations for the implementation of the latest policy and procedures; local arrangements with Children's Safeguarding Board and Community Safety Partnerships reviewed; training for in house provider; new safeguarding policies and procedures implemented; including a Quality Monitoring Tool, monthly strategic meetings with CQC and Healthwatch								
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	1/515 - Continue to strengthen Governance arrangements in HAS following consideration of North Yorkshire and national safeguarding adult reviews (ongoing)					HAS AD C&S (Asmt.)	Wed-30-Jun-21				
Reduction	3/145 - Continue to ensure Partners are fully engaged with Safeguarding Boards centrally and locally, particularly new health partners (CCGs); inter board network in place with community safety and children's board					HAS AD C&S (Asmt.) HAS AD HI	Wed-30-Jun-21				
Reduction	3/187 - Continue to work with directorate colleagues to improve quality assurance (development of new approaches and tools around working with providers on quality assurance issues); including work and regular meetings with CQC, Health and Healthwatch; near miss system in place					HAS AD C&S (Asmt.) HAS AD HI	Sun-31-Oct-21				
Reduction	3/217 - Ensure training in respect of latest policies and procedures for elected Members, staff and Partners is reviewed and delivered; member training reviewed over summer;					HAS AD C&S (Asmt.)	Wed-31-Mar-21				
Reduction	3/321 - Continue joint work with CYPs and the Community Safety Partnership with formal quarterly meetings of the InterBoard Network					HAS AD HI	Fri-30-Apr-21				
Reduction	3/1961 - Continue to embed safeguarding work to deliver the Transforming Care programme incl. embedding the Care Act role of Principal Social Worker and Safeguarding Board Manager with closer scrutiny of Transforming Care work					HAS AD C&S (Asmt.)	Wed-30-Jun-21				
Reduction	324/161 - Continue to report regularly to HASLT, Care and Independence O&S Committee and Health and Wellbeing Board particularly in light of preparation for the latest policy and procedures.					HAS AD HI	Wed-31-Mar-21				
Reduction	324/336 - Continue to carry out the supervisory body role for DoLS to ensure the system is as effective as possible within existing resources and prepare for Liberty Protection Safeguarding Bill (LPS guidance and legislation delayed due to impact of Coronavirus, implementation target now April 2022)					HAS AD HI	Wed-30-Jun-21				

Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2nd December 2020 (cpc)**

Reduction	324/343 - Continue with scoping work in preparation for implementing the Liberty Protection Safeguarding Bill (linked to action 324/336)					HAS AD C&S HAS AD HI	Wed-30-Jun-21				
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	H	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	3/33 - Escalate to Safeguarding Board / Mgt Board and carry out necessary review and action improvement plans, lessons learned from any serious case reviews							Action Manager		HAS AD C&S	

Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2nd December 2020 (cpc)**

Phase 1 - Identification											
Risk Number	3/164	Risk Title	3/164 - Information Governance and Health and Safety			Risk Owner	CD HAS	Manager	CSD AD SR (AH)		
Description	Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate				Risk Group	Legislative	Risk Type	Dir Only			
Phase 2 - Current Assessment											
Current Control Measures		Info Gov - Monitoring of mandatory eLearning for all staff; information management through key messages and intranet; application of Caldicott principles; information governance procedures; Corporate laptop and security encryption; continued use of information asset register; implementation of process if/when data breaches occur including cascading lessons learnt; implementation of secure data transfer methods; developing robust information sharing protocols; Corporate Information Governance Group and Directorate Group (DIGG group); regular security sweeps, asset owner training completed; regular updates on Inf Gov and data issues to HASLT and CASLT; work programme for the DIGG with monthly meetings; regular updates to leadership team / forum to look at Info Gov data trends; updates provided through the agreed Directorate governance framework with reports to HASLT; Classification of emails and chat logs used to ensure no sensitive breaches; DIGG sessions continued throughout Covid H & S - Corporate H & S policy and action plan; wider HAS leadership team H&S training completed; wheelchair guidance in place; further IOSH and risk assessment training carried out to raise competency;									
Probability	M	Objectives	L	Financial	M	Services	L	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/147 - Continue to implement Caldicott when required					HAS AD HI		Tue-31-Aug-21			
Reduction	3/148 - Continue to implement awareness raising campaign for information governance					HAS AD HI		Tue-31-Aug-21			
Reduction	3/227 - Continue to ensure and promote use of secure methods of data transfer					HAS AD HI		Tue-31-Aug-21			
Reduction	3/364 - Review disposal arrangements of documents following issue of refreshed corporate policy and guidance					HAS AD HI		Tue-31-Aug-21			
Reduction	3/365 - Ensure 'lessons learned' reports are reviewed following any breach					HAS AD HI		Tue-31-Aug-21			
Reduction	3/373 - Work closely with Data Governance on review and monitoring of local Info gov arrangements; Snr DGO worked with services to ensure all data sharing activities were known and agreements put in place during Covid outbreak					HAS AD HI		Tue-31-Aug-21			
Reduction	3/423 - Complete the Financial assessments, billing and contracts (ABC) project to improve market and cost information, service standards and information security					CSD AD SR (AH) HAS AD HI		Sun-31-Oct-21			
Reduction	3/550 - Continue to carry out IOSH and risk assessment training to raise competency within the Directorate					CSD AD SR (AH)		Thu-30-Apr-20	Thu-30-Apr-20		
Reduction	3/552 - Continue to embed the HAS governance framework to improve services; being implemented on an iterative basis pending directorate wide launch in 2021					HAS AD HI		Tue-31-Aug-21			
Reduction	3/637 - Develop and implement regular H&S data updates to HASLT (linked to implementation of B-safe system)					CSD AD SR (AH)		Wed-31-Mar-21			
Reduction	6/124 - Progress data sharing issues with Health colleagues to ensure the benefits of this are realised; still issues around DToC hoping that LHCRE may help this					HAS AD HI		Tue-31-Aug-21			

Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2nd December 2020 (cpc)**

Reduction	324/397 - Continue unannounced office work area checks on a countywide basis when safe to do so	HAS AD HI	Tue-31-Aug-21	
Reduction	324/640 - Maintain awareness of the impact of Covid pressures on ability to respond to FOI and SAR requests within statutory timescales	HAS AD HI	Sun-31-Oct-21	
Phase 4 - Post Risk Reduction Assessment				
Probability	L	Objectives	L	
		Financial	M	
		Services	L	
		Reputation	H	
		Category		3
Phase 5 - Fallback Plan				
				Action Manager
Fallback Plan	3/36 - Media management, staff disciplinary, work with Information Commissioner's Office and HSE when necessary			CSD AD SR (AH)

Health and Adult Services Directorate

APPENDIX B

Risk Register: **Month 0 (October 2020) – summary**

Next Review Due: **March 2021**

Report Date: **2nd December 2020 (cpc)**

Identity			Person		Classification												Fallback Plan				
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager	
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat			
◀▶	3/180 - Partnership and Integration with Health	Failure to achieve the best outcomes from working jointly with the Commissioner and Provider resulting in suboptimal maximisation of integration across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes.	CD HAS	HAS AD HI HAS AD C&S Dir Public Health HAS AD C&Q	H	M	H	M	H	H	1	15	31/01/2021	M	M	H	M	H	2	Y	CD HAS
◀▶	3/264 - Confident and consistent practice	Failure to establish the workstreams and processes needed to embed the confident and consistent practice programme across the county resulting in poor outcomes for individuals, missed opportunities to change and improve the service, inability to realise budgetary savings and criticism	CD HAS	HAS AD C&S	H	H	H	H	H	H	1	17	31/12/2020	M	M	H	M	M	2	Y	HAS AD C&S (Asmt.)
◀▶	3/229 - Financial Pressures	Financial pressures arising from difficulties in delivering MTFs Savings requirements, managing in year financial overspends, Better Care Fund contributions, market pressure and complexity of client needs leading to service impact or additional savings needing to be identified within HAS or corporately.	CD HAS	CSD AD SR (AH)	H	H	H	H	H	H	1	22	30/11/2020	M	H	H	M	M	2	Y	CSD AD SR (AH)
◀▶	3/184 - Workforce Planning and Development	Failure to appropriately plan and fulfil workforce requirements and / or develop managers and staff in line with transformation agenda including the impact of Coronavirus and to ensure service continuity resulting in reduction in quality of service and transformation objectives not achieved, staff unclear about their roles and an inability to implement new ways of working	CD HAS	HAS HoHR	H	M	H	H	M	M	1	12	31/03/2021	M	M	M	H	L	2	Y	CD HAS
▲	3/167 - Public Health	Failure to manage the response to Corona whilst at the same time deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions and manage within the available funding resulting in failure to maximise health gain in the County, inability to effectively commission public health services, develop and implement strategies and manage the Public Health grant	CD HAS	Dir Public Health	H	M	H	M	M	M	1	11	30/04/2021	M	M	H	M	M	2	Y	Dir Public Health

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Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – summary**

Next Review Due: **March 2021**

Report Date: **2nd December 2020 (cpc)**

Identity			Person		Classification											Fallback Plan				
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
◀▶	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market	Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.	CD HAS	HAS AD C&Q	H	M	M	M	H	1	13	31/12/2020	H	M	M	M	M	2	Y	HAS AD C&Q
▶◀	3/217 - Deprivation of Liberty (DoLs) Supreme Court Ruling	Failure to manage increase in workload (and manage the existing backlog) as a result of the DoLS Supreme Court judgment and adequately prepare for the implementation of Liberty Protection Safeguards resulting in financial and reputational issues including potential legal action	CD HAS	HAS AD C&Q	M	H	H	H	H	2	8	31/12/2020	M	H	H	H	H	2	Y	HAS AD C&S (Prov.)
▶◀	3/27 - Safeguarding Arrangements	Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act) results in risk to service users, inability to reach required standard on CQC and adverse effect on Directorate reputation.	CD HAS	HAS AD C&S (Prov.) HAS AD HI	M	H	H	M	H	2	9	31/03/2021	M	H	H	M	H	2	Y	HAS AD C&S
▶◀	3/164 - Information Governance and Health and Safety	Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate	CD HAS	CSD AD SR (AH)	M	L	M	L	H	2	13	31/03/2021	L	L	M	L	H	3	Y	CSD AD SR (AH)

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Key	
▲	Risk Ranking has worsened since last review.
▼	Risk Ranking has improved since last review
▶◀	Risk Ranking is same as last review
- new -	New or significantly altered risk

NORTH YORKSHIRE COUNTY COUNCIL

AUDIT COMMITTEE

14 DECEMBER 2020

PROGRESS ON 2020/21 INTERNAL AUDIT PLAN

Report of the Head of Internal Audit

1.0 PURPOSE OF THE REPORT

- 1.1 To inform Members of the progress made to date in delivering the 2020/21 Internal Audit Plan and any developments likely to impact on the Plan throughout the remainder of the financial year.

2.0 BACKGROUND

- 2.1 The total number of planned audit days for 2020/21 is 950 (plus 1,226 days for other work including counter fraud and information governance). It is important that audit resources are used effectively and continue to focus on those areas which add the most value. The plan is therefore designed to be flexible so that as new risks are identified or priorities change the audit programme can be updated. This is particularly important this year as the County Council continues to respond to the Covid-19 pandemic and recovery plans are implemented.
- 2.2 This report provides details of how work on the 2020/21 Audit Plan is progressing.

3.0 INTERNAL AUDIT PLAN PROGRESS BY 31 OCTOBER 2020

- 3.1 Work is ongoing to complete the agreed programme of work. **Appendix 1** provides details of the final reports issued in the period to date. A further audit report has been issued in draft. Fieldwork is currently underway with a number of other scheduled audits.

Contingency and Counter Fraud Work

- 3.2 Veritau continues to investigate cases of suspected fraud or malpractice. Such assignments are carried out in response to issues raised by staff or members of the public via the Whistleblower Hotline, or as a result of management raising concerns. Since the start of the current financial year, 23 cases of suspected fraud or malpractice have been referred to Veritau for investigation. 8 of these are internal fraud cases, 10 relate to social care and 3 relate to external fraud, debt recovery, or abuse of the council's financial assistance scheme. A further 2 cases relate to applications for a school place. A number of these investigations are still ongoing.

Information Governance

- 3.3 Veritau's Information Governance Team (IGT) continues to handle a significant number of information requests submitted under the Freedom of Information and

Data Protection Acts. The number of FOI requests received between 1 April 2020 and 31 August 2020 is 573 compared with 758 requests received during the corresponding period in 2019/20. The County Council is currently below the performance response target of 95% with approximately 70% of requests being answered within the statutory 20 day deadline. Actions continue to be taken to improve performance in this area. The IGT also coordinates the County Council's subject access requests (SARs) and has received 189 such requests between 1 April 2020 and 31 August 2020 compared to 208 requests received during the corresponding period in 2019/20. The reduction in volumes is because there was a noticeable drop in the number of requests received during lockdown.

- 3.4 Veritau acts as the County Council's Data Protection Officer following the implementation of the General Data Protection Regulation (GDPR) and Data Protection Act 2018. The IGT provides advice and support to the County Council on data protection matters, reviews compliance with the legislation and liaises with the regulator, the Information Commissioner's Office (ICO). Other work includes preparing data sharing agreements, recording data security incidents and investigating serious data security incidents.

Variations to the 2020/21 Audit Plan

- 3.5 Changes are made to the Audit Pan through the year to address new risks, emerging issues or in response to requests from the client officer and/or directorates. To date, the following areas have been added to the current programme of work:

- Governance framework for Council owned companies
- Minerals planning investigation
- Adult learning
- High Needs Special Educational Needs
- County catering

In addition, 30 days have been allocated to fraud investigation work from the contingency.

- 3.6 The overall programme of work will be kept within the total agreed allocation of 950 days.

Follow Up of Agreed Actions

- 3.7 Veritau follows up all agreed actions on a regular basis, taking account of the timescales previously agreed with management for implementation. An escalation process is in place for when agreed actions are not implemented or where management fail to provide adequate information to enable an assessment to be made. At this stage in the year, there are no actions which have needed to be escalated. On the basis of the follow up work undertaken during the year to date, the Head of Internal Audit is satisfied with the progress that has been made by management to implement previously agreed actions necessary to address identified control weaknesses.

4.0 **RECOMMENDATION**

Members are asked to note the progress made in delivering the 2020/21 Internal Audit programme of work.

Report prepared and presented by Max Thomas, Head of Internal Audit

Max Thomas
Head of Internal Audit
Veritau Limited
County Hall
Northallerton

30 November 2020

Background Documents: Relevant audit reports kept by Veritau

FINAL 2020/21 AUDIT REPORTS ISSUED TO DATE

Audit Area	Directorate	Overall Opinion
Developing Stronger Families - June claim	CYPS	No opinion
Developing Stronger Families - September claim	CYPS	No opinion
Trading Standards	BES	Substantial assurance

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NORTH YORKSHIRE COUNTY COUNCIL

AUDIT COMMITTEE

14 DECEMBER 2020

PROCUREMENT AND CONTRACT MANAGEMENT UPDATE

Report from Corporate Director, Strategic Resources

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an update on the work of the Procurement and Contract Management Service, including key achievements, recent activity and response to the Covid-19 pandemic.

2. BACKGROUND

- 2.1 The Council spends over £400m externally each year across both revenue and capital and it is the Council's responsibility to use this money in the best way possible to achieve its objectives, especially during these years of austerity.
- 2.2 The Council continues to have good visibility on where money will be spent in the upcoming months / years through the Forward Procurement Plans (FPPs). FPPs allow Directorates (and their corresponding Senior Category Manager) to have an oversight of approaching procurements. As a result, resources and specialist support is deployed appropriately to deliver good procurement and value for money across the Council's external expenditure.
- 2.3 This report will set out specific work and achievements of the Procurement and Contract Management Service this year, with a focus on the response to the Covid-19 pandemic.

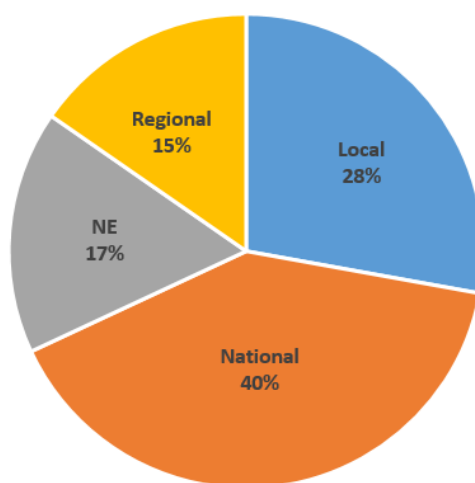
3. KEY ACHIEVEMENTS AND RECENT ACTIVITY

Responding to Covid-19 - Sourcing Personal Protective Equipment (PPE)

- 3.1 One key Covid-19 impacts on the Council was the surge in demand for PPE to protect staff against risk of infection. Requirements for PPE exponentially increased, with one Council supplier placing orders equal to 25 years' usage in March of this year. Due to a surge in worldwide demand, there was significant supply chain disruption and price instability. It is within this context the Council was operating when looking to source PPE.
- 3.2 In addition to the tragic loss of life, the pandemic has underlined the fragility of the networks and supply chains on which so much of business and society is built. The welfare of key workers in the Council has been the key priority, and as soon as the scale of the crisis became clear, orders for PPE were increased rapidly.

- 3.3 Supply of PPE equipment is almost totally reliant on a single source of production – China, where for example 95% of the world’s facemasks are produced. Resilience of supply was presumed rather than tested, and it soon became clear contracted suppliers were unable to meet demand.
- 3.4 Most Councils were buying from unknown (pre-crisis) suppliers with varying levels of success. Major pricing fluctuations are occurring on an hourly basis, in the case of hand sanitisers, by April prices had risen by an average of 367%. Added to this, the ability to check product specifications and certification at distance limited the ability to make sure what stock arrives is what we thought we had ordered. There is also evidence of organised crime becoming involved in supplying counterfeit PPE. This all added to the complexity of sourcing PPE in the market.
- 3.5 There are various examples in the press of public sector organisations, including central government, ordering PPE and then being delivered sub-standard product, or the products never turning up at all. No organisation was immune to the supply chain difficulties being experienced. To date, the Council has two ongoing queries on quality of goods ordered, representing less than 2% of the overall PPE purchased.
- 3.6 In the first weeks of the crisis, and with the failure of contracted suppliers, the Council began spot purchasing stock from any supplier who had available stock. A data model was created that allowed the Council to forecast usage using a number of parameters, including staff or service users and the items of PPE required per intervention or setting.
- 3.7 In effect, the Council set up a PPE sourcing, stock management and distribution system from scratch in a matter of weeks, and to date has spent over £4.1m on various items of PPE. This included 140 purchase orders. This was been done at pace and without any stock management software that would usually be required to manage the volume and complexity of the stock and distribution process. 28% of the spend has been with local suppliers, 15% with regional suppliers, 17% with suppliers in County Durham and Teesside, with 40% going to national suppliers.

Total Spend for PPE by locality



- 3.8 Since the start of the pandemic almost 4 million items of PPE have been distributed to 67 sites across North Yorkshire, and includes 1 million facemasks, 1 million aprons and just under 10,000 litres of hand sanitiser. On average 282,000 items of PPE are being distributed on a weekly basis.

- 3.9 The Council never ran out of PPE at any point during the pandemic, and by the summer had secured stock to cover the Council needs based on forecasted usage, up to the end of March 2021. Currently the Council holds around 8.4 million items of PPE in stock at a secure storage location.

Responding to Covid-19 – Supply Chain Resilience

- 3.10 The Covid-19 outbreak had a profound and far-reaching impact across all areas of life in the UK, including the supply chains that the Council relies upon to support and at times deliver services. It was inevitable that the Council would experience significant supply chain disruption and price instability, and this would have the knock on effect of creating the risk that suppliers in our supply chains would suffer financial distress and possible bankruptcy.
- 3.11 Supply chain resilience arrangements were put in place immediately due to the Covid-19 outbreak. This included pre-emptive targeted support for the Council supply chain and supplier relief due to Covid-19. The intention of these interventions were to secure Council supply chains, ensure service continuity during and after the Covid-19 outbreak and to ensure suppliers at risk would be in a position to resume normal contract delivery once the outbreak was over.
- 3.12 In response to the profound risks to the Council supply chains, and along with guidance from the Cabinet Office in the form of Procurement Policy Note (PPN) 02/20 - Supplier relief due to Covid-19, the Procurement & Contract Management Service set up a Supply Chain Resilience process in a matter of weeks.
- 3.13 This included setting up a Supply Chain Resilience Board which was a weekly decision making and monitoring board made up of the Corporate Director Strategic Resources (Chair), Assistant Chief Executive (Legal), Assistant Directors Strategic Resources, Head of Procurement and Contract Management, Procurement Governance & Development Manager, and Senior Category Managers. Directorate nominated supply chain contacts and contract managers, including Adult / Children's Social Care, Transport, Social Care, Technology and others attended as and when required.
- 3.14 The intention was to take a proportionate approach and triage suppliers that most needed financial support or could secure and stabilise the key Council supply chains. The first part of the work on supply chain resilience was support for small and medium size enterprises. Very early in the outbreak, the Council agreed to pay all its small and medium size enterprises immediately in an effort to help improve cash flow and ensure businesses did not collapse. This support for the smaller businesses that supply the Council, who are usually paid within 30 days, demonstrated how important they are to our service delivery and the economic vitality of the county. This support will continue until the end of the calendar year.
- 3.15 The central governance, coordination and challenge provided the opportunity to give complex financial issues proper consideration and colleagues from across the Council collaborated to deliver the right outcomes for the Council and its supply chains. The process is detailed in **Appendix 1**.

3.16 The procurement policy changes and guidance provided by Cabinet Office were unprecedented, and the Council reacted at speed. Supplier relief fell into four categories:

1. **Immediate payment terms** – *If the supplier was deemed a small or medium size enterprise, they were moved to immediate payment terms at once.*
2. **Support & Funding on an agreed % sliding scale basis** - *As the Covid-19 outbreak spreads and its impact on service delivery increases there will be a number of providers, who for a variety of reasons will be unable to deliver their contracted services. In ordinary circumstances, this would result in a removal of all payments. These payments may turn out to be payments on account in the same way as option 3. However, further analysis of suppliers / providers may identify some as “high risk” which may result in them requiring additional financial support. Treatment can then be considered on a case-by-case basis such as in option 3 below.*
3. **Payments on account** – *it was proposed that all NYCC suppliers / providers should be able to submit a claim for an up-front payment on account equivalent to a maximum of what NYCC would have normally expected to pay for their services in April – June 2020. During this period, providers should continue to submit bills for actual services delivered. Payments for these services would only be made once the value of actual services delivered exceeds the payment on account. If at the end of June 2020, the value of services actually delivered does not exceed the payment on account, then NYCC will need to agree with suppliers / providers how to manage future payments. This could include agreeing to write off the difference (i.e. in effect this would become a hardship payment) and / or making a further payment on account. As the end of the first quarter of 2020/21 approaches, NYCC could consider whether it wishes to put in place arrangements for another set of payments on account for a further period.*
4. **Hardship payments** – *it was proposed that all NYCC suppliers / providers are able to submit claims setting out the additional costs and / or loss of funding they have suffered as a result of Covid-19. NYCC will review these claims and subject to consideration of other means available to suppliers / providers to mitigate cash flow pressures, will consider making hardship payments to sustain supplier / provider viability. These payments would be goodwill gestures and organisations would not be expected to repay them. A robust process would be established for assessing and recording claims with a clear audit trail. Any payments would be reviewed and agreed at the weekly Supply Chain Resilience Board.*

3.17 The Council were the first in the region and one of the first in the country to mobilise a supplier relief process, and many Councils nationally copied the process we developed, including some deemed leaders in local government.

3.18 In total, 662 Council suppliers received some form of supplier relief, to a value of around £6.4 million. In addition, 1,000 SME suppliers have benefitted from immediate payments since April.

Brexit

- 3.19 The UK has left the EU and we are fast approaching the end of the transition period. As it currently stands it is unclear if a trade deal with the EU will be agreed, therefore, there is still a real possibility of a no-deal Brexit in January 2021.
- 3.20 In the event of a no-deal Brexit, it is highly likely the Council would start to see significant price uncertainty and increases in some supply chains, which could be very difficult to accommodate. Some suppliers may well suffer price pressure and distress in their own supply chains, while others may use the cover of price fluctuations from currency / tariff related issues to implement unwarranted price increases.
- 3.21 As part of prudent and proportionate planning, the Procurement and Contract Management Service have implemented an emergency addition to the current Procurement Gateway Process. This additional process is aimed at mitigating uncontrolled acceptance of contract price increases due to price fluctuations from currency / tariff related issues, real or otherwise. In summary, the initial answer to any contract variation price increases is no, unless it can be demonstrated as fair and reasonable in line with the contract price clauses, and most importantly is affordable to Council.
- 3.22 In addition, the Council continues to take steps to carry out sensible and proportionate planning for the anticipated outcome of trade deal negotiations. As part of this work, the Procurement and Contract Management Service are ensuring key suppliers are taking a managed approach to business continuity and financial resilience.

Leadership

- 3.23 The Council continues to play a leading role in procurement and contract management, both regionally and nationally. The Council chairs the YorProcure Strategic Procurement Group of twenty-five public sector bodies in the Yorkshire and Humber region, and represents the region on the Local Government Association National Advisory Group for Procurement, and the Cabinet Office Public Sector Procurement Working Group.
- 3.24 The Procurement and Contract Management Service recently were Highly Commended for the Team of the Year Award for Local Government at the GO National Awards. The awards are the UK's premier procurement awards, recognising outstanding achievement in procurement across the public sector. The team were also shortlisted for Leadership of the Year for Procurement in Local Government.
- 3.25 To further increase capability and achievement in contract management, this year the Procurement and Contract Management Service has developed and released online contract management training and an associated toolkit for Council contract managers. This will help deliver increased value from Council contracts.

4. PROCUREMENT AND CONTRACT MANAGEMENT STRATEGY PROGRESS

- 4.1 The Procurement and Contract Management Strategy takes into account the need to consider procurement much more widely than the sourcing, evaluation and award processes and is summed up in the vision statement which is:

“Working collaboratively to deliver efficiencies, value for money and sustainable quality through a proactive commercial approach to procurement and commissioning for the communities of North Yorkshire.”

The strategic aims, objectives and priorities are identified and described under 6 themes, which are:

- 1) **Category Management**
- 2) **Technology**
- 3) **Policy and Process**
- 4) **Contract Management**
- 5) **People and Skills**
- 6) **Social Value**

4.2 These themes are not designed to work in isolation, and there are a number of positive ambitions associated with these themes which being delivered over the life of the strategy:

- Master category sourcing plans – People, Place & Professional
- Unparalleled increase in supply chain intelligence and understanding
- Achieve savings and value for money for the communities of North Yorkshire
- Support the delivery of quality outcomes for service users
- Support the wider ambitions of the Council and its partners
- Develop a very deep understanding of user needs
- Influence and operate commercially, understanding supply market capabilities.
- Practice robust contract management
- Attract suppliers of all sizes and from all sectors to want to work with the Council
- Attract procurement professionals to want to work for the Council, and
- Be recognised nationally as a procurement centre of excellence and expertise.

4.3 The Strategy complements and supports the ongoing transformation work at the Council, helps ensure that commercial arrangements and contracts awarded by the Council provide the very best value for money. We also use our procurement spend to provide the very best social value for our communities.

4.4 The procurement and contract management strategy is being monitored through a series of key performance indicators covering the activities detailed in the Strategy Action Plan. The Corporate Procurement Board is accountable for the delivery of the Action Plan and monitors Key Performance Indicators on a quarterly basis.

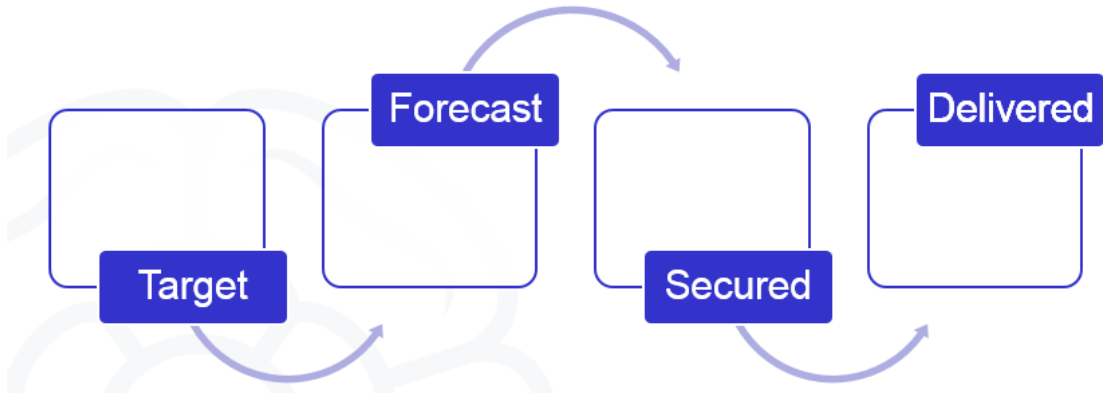
4.5 The latest Procurement and Contract Management Strategy Action Plan KPI figures can be found in **Appendix 2**.

2020 Savings

4.6 Throughout the Strategy’s life and its progression there were a number of overarching corporate priorities. These include procurement savings which were set at an additional £1.15m by the end of 2020. This is the first time that the procurement function has been given a target to reduce budgets by a cash target, as previously savings were recorded as procurement savings but remained cash reductions within Directorate budgets.

Procurement was therefore used as an enabler of savings, rather than a direct deliverer of savings.

4.7 The following approach is used to record procurement savings:



1. Target

At the very start of the procurement process there should be a target that applies to the project – this will be applicable normally only in the higher value tenders where detailed market analysis has taken place / is possible. This may be imposed (a Directorate or Service Area may have to maintain the same levels of service with a 5% drop in budget), or aspirational (aiming to achieve a 2% improvement on the current delivery cost).

2. Forecast

As the procurement proceeds through the ‘Discovery’ stage, market research and strategy development will give a more realistic overview of what savings and benefits may be achievable, enabling the tender process to begin with a fairly robust forecast of the expected benefits.

3. Secured

When bids / tenders are evaluated the decision to award a contract is based on a value judgment that indicates that the agreed contract will deliver certain benefits, as per the evaluation outcome. Once the contract is awarded, those benefits/savings are secured – that is, the contract will deliver them if it is managed, used and performs as expected.

4. Delivered

During the lifetime of the contract it is a key to ensure that the contract actually delivers the anticipated savings and benefits. Delivered savings are the most important savings as they are based on actual, bottom line savings that have impacted on the Council budget. Even if there have been challenges recording the savings before this stage, it is essential that this saving is recorded.

4.8 As of November 2020, the £1.15m savings have been delivered and work is ongoing on agreeing a new savings target up to 2024.

5. RECOMMENDATIONS

5.1 Through the Procurement and Contract Management Strategy we are committed to improving our approach to procurement and will continue to develop this approach over the coming years. We will ensure that our approach to procurement and contract

management is appropriately commercial and our processes stand up to scrutiny and challenge.

Audit Committee are requested to:-

- a) Note progress on key achievements and recent activity.
- b) Provide comments in order to further add value to the ongoing work on procurement and contract management, especially in relation to delivering the procurement and contract management strategy.

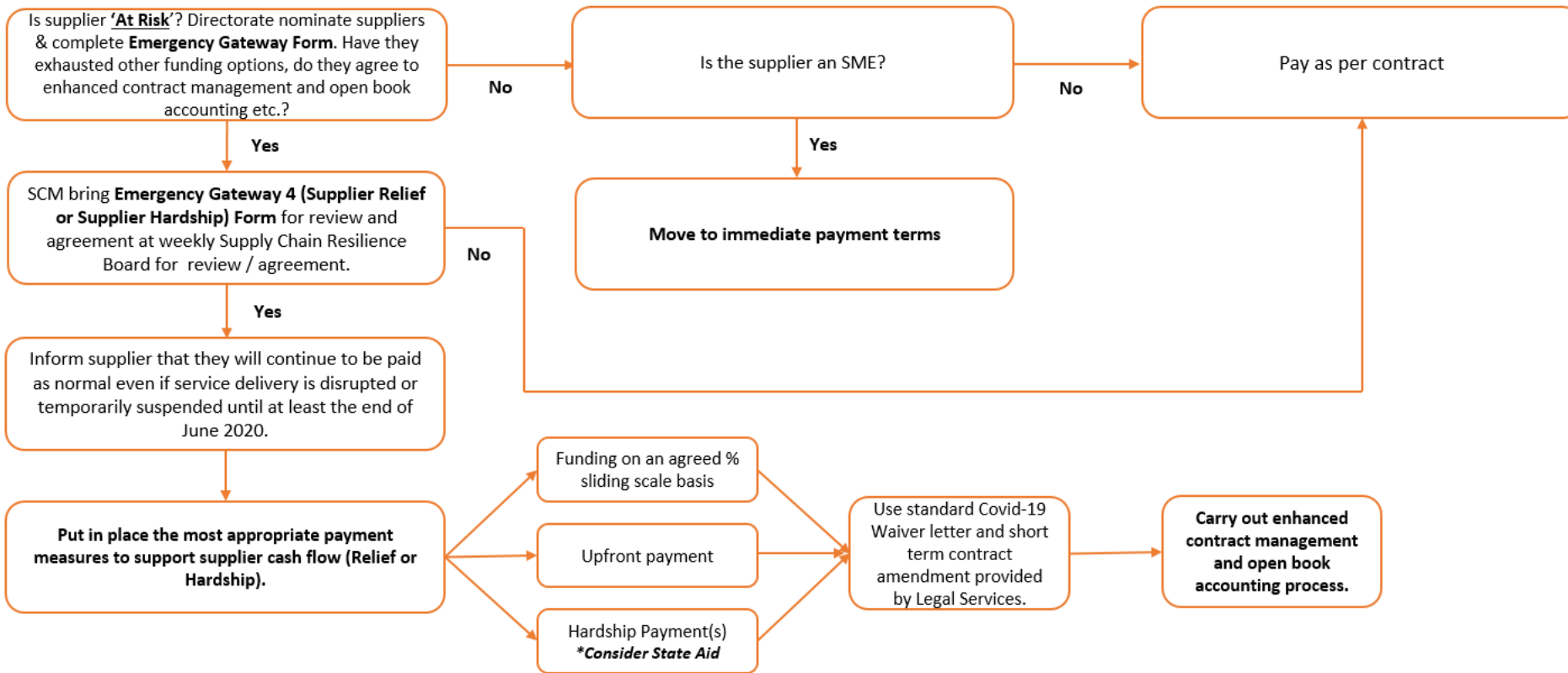
Gary Fielding
Corporate Director, Strategic Resources

Author of Report –

Kevin Draisey
Head of Procurement and Contract Management
26 November 2020

Appendix 1 – Supply Chain Resilience Process

Supply Chain Resilience Board – Supplier Relief Decision Process



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Procurement and Contract Management Service



Appendix 2 – Procurement and Contract Management Strategy Action Plan KPI Figures

Theme group	KPI reference	Measure	Previous Year End Outturn Position	Target	Q1	Q2	Q3	Q4
Category Management	1.1	Delivery of annual Category Sourcing Plans	3	3	-	-		
Technology	2.1	% of categorised spend	100%	98%	99.7%	99.7%		
Technology	2.2	% P2P licence utilisation	82%	95%	82%	81%		
Technology	2.3	Number of purchase orders generated through P2P	1353	1753	669	998		
Policy and Process	3.1	Average days taken to complete OJEU procurements	107	115	92	113		
Policy and Process	3.2	% OJEU procurements meeting target 3.1	66%	80%	75%	67%		
Policy and Process	3.3	% PPNs reviewed and associated impact assessment reported to Procurement Assurance Board within 10 working days	100%	100%	100%	100%		
Policy and Process	3.4	% of suppliers who believe doing business with the council is clear, applies appropriate process and is flexible	50%	75%	67%	89%		
Policy and Process	3.5	% of suppliers who rated the Council's market engagement sessions as good or above	66%	75%	72%	82%		
Contract Management	4.1	% contract utilisation – on contract spend	85%	90%	78%	87%		
People and Skills	5.1	% biennial employee satisfaction	66%	75%	-	-		
People and Skills	5.2	% of operational procurement staff with, or working towards, CIPS accreditation or equivalent	77%	90%	77%	71%		
People and Skills	5.3	% role specific succession plans in place	0%	75%	0%	100%		
People and Skills	5.4	% customer satisfaction good or above	88%	90%	88%	100%		
Social Value	6.1	% of total Council spend with local suppliers	48%	50%	52%	52%		
Social Value	6.2	% of total Council spend with SME suppliers	56%	60%	52%	52%		
Social Value	6.3	% of total Council spend with voluntary and community sector	2.59%	5%	3.6%	2.9%		
Supply Chain Savings	7.1	Annual supply chain savings delivered	-	100%	-	-		

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AUDIT COMMITTEE

14 December 2020

RISK MANAGEMENT – PROGRESS REPORT

Report of the Corporate Director – Strategic Resources

1.0 PURPOSE OF THE REPORT

- 1.1 To receive details of the updated Corporate Risk Register and the up to date links between Directorate Risk Registers and the Corporate Risk Register .
- 1.2 To note progress on other Risk Management related matters

2.0 BACKGROUND

- 2.1 According to the Terms of Reference of the Audit Committee, its role in risk management is:
 - (i) to assess the effectiveness of the County Council’s risk management arrangements and
 - (ii) to review progress on the implementation of risk management throughout the County Council.
- 2.2 Regular reports to this Committee therefore cover the implementation of the Policy and associated Strategy as well as other related risk management matters in order to fulfill this role.

3.0 CORPORATE RISK REGISTER

- 3.1 The Corporate Risk Register (CRR) is fully reviewed every year and updated by the Chief Executive and Management Board in October/November. A six monthly review is also carried out in March/May. It has been challenging this year to sustain the usual timetable for reviewing and updating all risk registers. This is due to other priorities relating to the impact of the Coronavirus. As the Coronavirus has had such a big impact on all services delivered by the County Council, this impact has been considered and reflected in all the risks where appropriate.
- 3.3 Since the last report to this Committee in December 2019, 2 reviews and updates of the Corporate Risk Register have been carried out. There have been changes made at both reviews – see attached at **Appendix A**. The updates involved reviewing the risks, risk controls, risk reductions and risk rankings that had been identified for each of the risks and making amendments to the Register where necessary. At the annual review in November, we also reviewed and revised the corporate financial impact thresholds/risk appetite of the Council. In the present financial

climate and Council's landscape of activities it seemed appropriate to increase them. The financial thresholds/risk appetite have/has changed as follows:

	Previously		Current
Low	up to £2m	→	up to £3m
Medium	up to £5m	→	up to £6m
High	over £5m	→	over £6m

3.3 The significant amendments that were made to the Register since December 2019 are as follows:

New risks

- Recovery from the impact of the Coronavirus – this risk reflects the need to lead an effective recovery from the outbreak of Coronavirus in North Yorkshire. It also reflects how to mitigate the adverse impact on the health and wellbeing of residents and staff, long term damage to the local economy and financial position of the County Council, and inadequate arrangements for the education of children and young people.
- Local Government Reorganisation – this risk looks at the local government reorganisation for North Yorkshire.

Deleted risks

- Schools Funding Challenges – this risk remains at Directorate level with appropriate factors being incorporated into the corporate Funding Challenges risk.

Significantly Changed Risks

None.....although the Committee may wish to note that the Significant Incidents risk reflects the County Council's response to the Coronavirus.

With regard to the remaining risks, the EU Exit risk was reduced on its 2nd ranking and the Significant Incidents risk has gone up on its 1st ranking to reflect the response to the Coronavirus. The rankings of all the remaining risks stayed the same (as shown on the summary in the left hand column of **Appendix A**). Please see the table at the bottom of **Appendix A** for an explanation of the left hand column.

3.4 To assist Members interpret **Appendix A**

- Risks are identified by Management Board during a prep meeting and further discussion
- Each risk has then to be ranked based on the following:
 - existing risk controls in place
 - probability of the risk occurring (based on existing controls)
 - impact of the risk occurring (based on existing controls)
 - further risk controls which may reduce current probability or impact
- The prioritisation system follows a fairly traditional risk evaluation approach in that the **probability** and **severity** of risks is measured using High, Medium and Low categories

➤ However, to facilitate the assessment of the severity of each risk this is done in relation to 4 distinct **impact areas**:-

- failure to meet key **service objectives** and standards – reflecting current service plans
- **financial** impact
- **service** delivery
- loss of image or **reputation**

As each risk is ranked with reference to current controls and then future controls, the risk prioritisation system can compute a “score” in the range of 1 to 5

- 1 and 2 being a ‘red’ risk
- 3 and 4 being an ‘amber’ risk and
- 5 being a ‘green’ risk

4.0 LINKS BETWEEN CORPORATE AND DIRECTORATE RISK REGISTERS

4.1 As indicated previously, the Corporate Risk Register is the culmination of the identification of key significant risks that are identified at Directorate and Service levels. For information and out of interest, an exercise is carried out to identify the links between Directorate Risk Registers and the Corporate Risk Register. Please find attached a diagram showing these links at **Appendix B**.

5.0 ADDITIONAL RISK PRIORITISATION EXERCISES

5.1 As well as the bi-annual update of Corporate, Directorate and Service risk registers, additional workshops are also carried out to develop risk registers for specific areas of activity in the County Council. At this time these include:

- NY Highways Teckal – continuing support was provided to the project management team in progressing the risk management arrangements for this key development. This involved the setting up of a Teckal company to provide highways maintenance services throughout the county. Key risks include procurement of specialist vehicles, setting up the necessary IT systems required and the budget / financial model.
- Middle Deepdale School - a risk register was developed to support the development of this new school in Scarborough, replacing Overdale Primary in Eastfields. The register supported initial work including procurement exercises and is now focussed on build, fit out and preparation issues. Key risks are School and Community Engagement, Budget Management and School Implementation Plan and Resources

6.0 RISK MANAGEMENT AWARD

6.1 Finally, the Council submitted an entry for the Good Governance, Risk Management or Prevention Award as part of the CIPFA / Public Finance Awards this year.

The Good Governance, Risk Management or Prevention Award is presented to an individual or team that has developed an initiative/project displaying high accountability standards, strong oversight and risk awareness alongside improved outcomes and impact. Also a commitment to financial sustainability and the public interest needs to be demonstrated.

Our entry was based upon the risk management and insurance work that supported the 2020 Transformation Programme, helping deliver a significant cultural change and significant savings over recent years, all whilst protecting the provision of essential front line services.

We were delighted that North Yorkshire County Council's submission was a shortlisted finalist in this category.

7.0 RECOMMENDATIONS

That the Committee:

- (i) notes the updated Corporate Risk Register (**Appendix A**) and the links between Directorate Risk Registers and the Corporate Risk Register (**Appendix B**).
- (ii) notes the position on other Risk Management related matters

GARY FIELDING
Corporate Director – Strategic Resources

County Hall, Northallerton
December 2020

Author of report: Fiona Sowerby, Head of Insurance and Risk Management
Tel 01609 532400

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2020) – detailed and summary**

Next Review due: **May 2021**

Report Date: **2nd December 2020 (fs)**

Phase 1 - Identification											
Risk Number	20/187	Risk Title	20/187 - Information Governance				Risk Owner	Chief Exec		Manager	CD SR
Description	Ineffective information governance arrangements lead to unacceptable levels of unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies resulting in loss of reputation, poor decision making, fine, etc					Risk Group	Legislative		Risk Type	CS 15/161	
Phase 2 - Current Assessment											
Current Control Measures			Information Governance Strategy including the associated Policy and Procedure Framework; CIGG Action Plan; data breach process; messages from senior management; on-line training; staff induction; Information Asset Owners identified; information asset registers regularly updated; Internal Data Governance team with an identified representative for each Directorate (replacing DIGCs); Veritau appointed as DPO; posters; intranet information; regular monitoring of electronic communication by T&C; series of unannounced security compliance visits by internal audit; application of all the features of the Information Security Management System (ISMS); FoI – controls include central monitoring of receipt and progress, regular review by Veritau and review of outstanding cases by the Chief Exec on a monthly basis; proactive monitoring of all data; terms of reference reviewed; Veritau investigate significant data breaches; CIGG consider reasons for data breaches and cascade lessons learned; secure physical storage and internal info transfer issues resolved; Non NYCC Network Access Policy produced; e learning training packages refreshed; targeted phishing campaign; Information Sharing Protocol in place; SAR - controls include central monitoring of receipt and progress; refreshed Information Governance page on intranet; Information Governance risk register completed; Data Quality Improvement Action Plan agreed; Directorates' discussion on the potential outcome of a cyber-attack carried out; DPIAs in place;								
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
Reduction	15/423 - Continue to emphasise personal responsibility of staff for all information in this area and consider disciplinary action in cases of data breaches					Action Manager	CD SR CSD ACE BS		Action by	Tue-31-Aug-21	
Reduction	15/424 - Continue to review information asset registers and target training where appropriate (ongoing)					Action Manager	CSD SR AD T&C Ho Int Audit		Action by	Tue-31-Aug-21	
Reduction	15/426 - Continue to ensure individual information sharing agreements completed for each data sharing activity - (ongoing)					Action Manager	Ho Int Audit		Action by	Tue-31-Aug-21	
Reduction	15/431 - Continue to work within services in a prioritised order to ensure information (electronic and physical) is secure and transferred securely (ongoing) (linked to Microsoft 365 roll out)					Action Manager	CSD SR AD T&C		Action by	Tue-31-Aug-21	
Reduction	15/433 - Continue communications to staff to ensure good Information Governance including messages from Management Board and associated campaigns (ongoing)					Action Manager	CSD SR AD T&C Ho Int Audit		Action by	Tue-31-Aug-21	
Reduction	15/611 - Ensure Data Protection risks are managed to comply with GDPR (ongoing)					Action Manager	CSD SR AD T&C		Action by	Tue-31-Aug-21	
Reduction	15/612 - Data Quality Improvement - implement an action plan to address the Data Quality issues that are impacting on the accuracy of operational management information, performance reports, transparency publications and statutory returns					Action Manager	CSD SR AD T&C		Action by	Thu-30-Sep-21	
Reduction	15/613 - Documents and Record Management - implement the approach to document and records management and storage with the Council that encompasses both physical and electronic information (linked to Microsoft 365 roll out)					Action Manager	CSD SR AD T&C		Action by	Tue-31-Aug-21	
Reduction	15/636 - Review existing training and continue to develop and implement appropriate training relating to quality and security of information					Action Manager	CSD SR AD T&C Ho Int Audit		Action by	Tue-31-Aug-21	

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2020) – detailed and summary**

Next Review due: **May 2021**

Report Date: **2nd December 2020 (fs)**

Reduction	15/793 - Review impact on Veritau and audit days required and implement actions required (ongoing)	CD SR	Tue-31-Aug-21								
Reduction	15/844 - Review and revise Business Continuity Plans with Directorates to take into account actions required following a cyber-attack	CSD SR AD T&C	Wed-30-Jun-21								
Phase 4 - Post Risk Reduction Assessment											
Probability	H	Objectives	L	Financial	M	Services	L	Reputation	M	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	15/514 - Review Action Plan and new technology and continue to raise awareness. Invite ICO to carry out an audit of NYCC IG systems									CD SR	

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2020) – detailed and summary**

Next Review due: **May 2021**

Report Date: **2nd December 2020 (fs)**

Phase 1 - Identification												
Risk Number	20/207	Risk Title	20/207 - Beyond 2020 Change Programme					Risk Owner	Chief Exec		Manager	CD SR
Description	Failure to implement a coherent transformation and savings programme "Beyond 2020" which delivers the improvements and forecast funding shortfall resulting in short term and sub optimal savings decisions ie service cuts						Risk Group	Strategic		Risk Type	CS 15/11	
Phase 2 - Current Assessment												
Current Control Measures			Transformation programme; alignment with Council Plan and corporate priorities; Members workshops & political group sessions completed; briefings of Cabinet; regular Mgt Board/Programme Board meetings; staff communication constantly reviewed and cross cutting themes programme board continue to meet and follow the governance structure; quarterly meetings with finance ADs and programme managers to align savings against programme budgets; review carried out of governance and areas of future focus for Programme Board; all major change programmes are captured within this Programme to better manage dependencies and resources; Enhanced Strategic Support service to ensure high quality and robust service and team planning; action plan following peer review monitored; intensive review of areas of overspend and actions to mitigate; review (deep dives) into specific high-risk base budgets such as HAS Care and Support, SEN Transport and School Improvement carried out; fundamental review of the organisation's design and development programme carried out; BEST approach embedded into service planning;									
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
Reduction	15/634 - Further shape the emerging Beyond 2020 Programme (taking into account Covid-19 and LGR) to lead to identifying new areas of cross cutting programmes for implementation going forward						CSD SR AD T&C	Wed-31-Mar-21				
Reduction	15/635 - Continue to carry out fundamental review of projects, reassessment of priority and agree outcomes						CD SR CSD SR AD T&C	Tue-31-Aug-21				
Reduction	15/639 - Continue to carry out focussed reviews on areas of overspend, poor performance and/or opportunities for improvement						CD SR CSD SR AD T&C	Tue-31-Aug-21				
Reduction	15/831 - Continue to monitor delay of Programmes and the effect on benefits (ongoing)						CSD SR AD T&C	Tue-31-Aug-21				
Reduction	20/52 - Refresh and carry out a revised plan for reviewing base budgets in 2020/21 on a risk based assessment and linked to focussed reviews						CD SR	Wed-31-Mar-21				
Reduction	20/386 - Approve detailed business plans for all businesses within the Brierley Group. by Shareholder Committee and Brierley Board and report progress to those bodies						CD SR	Thu-30-Sep-21				
Reduction	20/403 - Carry out monthly monitoring of communications and engagement plan including key messages and themes (ongoing)						CSD HoC	Tue-31-Aug-21				
Reduction	20/491 - Identify and target additional savings through corporate Procurement Strategy (ongoing)						CD SR	Thu-30-Sep-21				
Reduction	20/526 - Continue to develop effective Commercial operations where appropriate (ongoing)						All Mgt Board Chief Exec	Tue-31-Aug-21				
Reduction	20/595 - Develop transformational themes and produce outline business cases for Assess and Decide; Resilience and Wellbeing; Modern Council +; Environment						All Mgt Board	Wed-31-Mar-21				

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2020) – detailed and summary**

Next Review due: **May 2021**

Report Date: **2nd December 2020 (fs)**

Reduction	20/729 - Fundamental review of Change Programme in light of Covid 19 issues and Local Government Reorganisation					All Mgt Board CSD SR AD T&C	Wed-31-Mar-21				
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	15/561 - Carry out service cuts							Action Manager			
								All Mgt Board			

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2020) – detailed and summary**

Next Review due: **May 2021**

Report Date: **2nd December 2020 (fs)**

Phase 1 - Identification											
Risk Number	20/1	Risk Title	20/1 - Funding Challenges				Risk Owner	Chief Exec		Manager	CD SR
Description	Inadequate funding available to the County Council to discharge its statutory responsibilities and to meet public expectation for the medium term resulting in legal challenge, unbalanced budget and public dissatisfaction					Risk Group	Resources		Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			Existing MTFs; Members Budget seminars; 2020 North Yorkshire Programme & constituent elements including service reviews; review of 2020NY in Members seminars, Cabinet, and Overview and Scrutiny Committees where Directorate based; 2020NY Programme Governance; modelling on implications of external funding levels (eg Spending Review Settlement); next phase of savings ideas generated; meetings with traded services' managers completed; interim NYES business plan in place; sustainable additional social care funding; advocacy work including with MPs, CCN and professional networks; initial review of the impact of the 1 year spending round (linked to action20/617);								
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	15/721 - Ensure the Council takes advantage of available central government incentives such as grants and any potential funding is monitored, together with engagement in relevant consultations (eg job support scheme)						CD SR CSD ACE BS CSD AD SR (ML)	Wed-31-Mar-21			
Reduction	20/46 - Ensure effective consultation/communication with staff, public and Members about ongoing savings requirements						All Mgt Board	Sun-31-Jan-21			
Reduction	20/616 - Ensure active participation in professional networks and LG pressure groups (for example CCN and LGA) to shape activity in relation to advocacy (ongoing)						All Mgt Board	Sun-31-Jan-21			
Reduction	20/617 - Continue to lobby MPs and Govt for additional funding particularly in relation to adults and children's social care, High Needs, Schools Capital and rural costs (ongoing)						CD HASCD SR	Wed-31-Mar-21			
Reduction	20/618 - Implement Beyond 2020 Change Programme to address ongoing savings for the new MTFs (on hold).						All Mgt Board	Wed-31-Mar-21			
Reduction	20/750 - Ensure regular monitoring at management board and CYPs Overview and scrutiny committee of financial challenges for schools to highlight the present financial position to ensure immediate and emerging challenges are addressed. (ongoing)						CD CYPs CSD AD SR (HE)	Sat-31-Jul-21			
Reduction	20/751 - Further develop and implement a robust programme for high needs/SEN to identify cost reduction measures (ongoing)						CSD AD SR (HE)	Sat-31-Jul-21			
Reduction	20/796 - Lobby for fairer funding review, abolition of business rates retention, new funding for Covid pressures and part of longer term spending review						CD SR	Wed-31-Mar-21			
Reduction	20/797 - Implement urgent additional measures in light of Covid – 19 pressures to restrict spending(hard nose review of reserves, no new spending initiatives)						All Mgt Board	Wed-31-Mar-21			
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	M	Category	2

Risk Register: **month 0 (November 2020) – detailed and summary**

Next Review due: **May 2021**

Report Date: **2nd December 2020 (fs)**

Phase 5 - Fallback Plan		Action Manager
Fallback Plan	20/504 - Further fundamental review in order to discharge statutory responsibilities	All Mgt Board

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2020) – detailed and summary**

Next Review due: **May 2021**

Report Date: **2nd December 2020 (fs)**

Phase 1 - Identification											
Risk Number	20/235	Risk Title	20/235 - Ending of EU Exit Transition Arrangements				Risk Owner	Chief Exec	Manager	All Mgt Board	
Description	At the end of the EU Exit transition period (31 December 2020) and/or the phased introduction of border checks (30 June 2021) the UK has sub-optimal trade deals and other arrangements resulting in difficulties (which impacts on residents and local businesses), in price uncertainty and supply chain difficulties, price pressures from contractors, increased demands on services from customers and businesses; adverse impacts upon the local economy and infrastructure and environmental standards; data protection; some EU citizens living in the county who do not have settled or pre-settled status will be unable to work, study, rent housing or have recourse to public funds causing an impact on recruitment, damaging community cohesion, and necessitating additional expenditure to support the most vulnerable.					Risk Group	Strategic	Risk Type			
Phase 2 - Current Assessment											
Current Control Measures			Work that was carried out in preparation for the potential of a hard Brexit on or before 31 December 2019; continual monitoring of developments including discussions between the UK, EU and other nations and legislation going through Parliament; awareness of changes in Employment, Procurement, State Aid and Trading Standards legislation;								
Probability	H	Objectives	M	Financial	H	Services	M	Reputation	M	Category	I
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/250 - Workforce: Monitor the potential impact on recruitment including the care sector in particular and put together an appropriate action plan if required						CSD ACE BS	Sun-31-Jan-21			
Reduction	20/400 - Business support funding programmes – monitor likely changes and ensure that changes are well communicated						CD BES	Sun-31-Jan-21			
Reduction	20/405 - Farming support funding programmes – monitor likely changes and ensure that changes are well communicated						CD BES	Sun-31-Jan-21			
Reduction	20/454 - State Aid: Monitor details of future trading relationships, and understand the local implications of any guidance provided relating to State Aid. Act upon guidance issued by the Competition and Markets Authority when more detail is provided on the new regulatory function and how State Aid rules will be enforced.						CSD ACE LDS	Sun-31-Jan-21			
Reduction	20/461 - Public Health: Continue to maintain the same high standards in promoting and protecting the health of the public. Continue to monitor variations following EU Exit and put local arrangements in place.						CD HAS	Sun-31-Jan-21			
Reduction	20/465 - Procurement: Monitor the potential impact on public procurement regulations and action any changes to law and NYCC process as they occur. Links made with Cabinet Office EU/International Procurement Policy Team. Put in place additional contract variation scrutiny for lower value contracts.						CD SR	Sun-31-Jan-21			
Reduction	20/467 - Trading Standards: Develop generic and specialist business advice packages to complement existing business advice strategy. Liaise with Citizens Advice Consumer Service (CACS) to determine their contingency plans and make any necessary adjustments to the NYCC/CACS protocol. Review whether changes are required to the trading standards tasking filter and matrix and report to BES Executive Members. Review animal disease plans and amend as necessary.						CD BES	Sun-31-Jan-21			
Reduction	20/470 - Environmental Standards and Waste: continue to keep a watching brief, through attendance at relevant groups and receiving updates and briefings. Monitor the progression of the Environment Bill, assess the impact when enacted and put together an action plan for approval by Management Board. Monitor cross border waste movements and tariffs and put together an action plan for local arrangements. Work with Yorwaste on waste issues and carry out scenario planning.						CD BES	Sun-31-Jan-21			

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Reduction	20/472 - Data Protection: Put controls in place for data transferred into and out of the UK. Review current cloud service contract and ensure controls are in place to ensure data is held in the UK. Monitor changes to the legal framework governing transfers of personal data. Monitor for EU decision to share data from the EU. Carry out changes to NYCC's privacy notice and contracts dependent on what deal is made.	CD SR	Sun-31-Jan-21	
Reduction	20/478 - Continue to receive notification on emerging guidance on areas affecting Local Government, review impact on the Council and report regularly on this to Management Board.	CSD AD PPC	Sun-31-Jan-21	
Reduction	20/480 - Take part in engagements arranged by and with the MHCLG and other Government departments through the County Councils Network, review impact on the Council and report regularly on this to Management Board.	CSD AD PPC	Sun-31-Jan-21	
Reduction	20/730 - Work as part of North Yorkshire Local Resilience Forum to ensure that civil contingencies issues are identified, evaluated and appropriate planning undertaken.	CSD AD PPC	Sun-31-Jan-21	
Reduction	20/737 - Catering - Evaluate capacity for frozen food storage. Discuss availability of food with suppliers (HAS).	CD SR	Sun-31-Jan-21	
Reduction	20/738 - Customer Contact Centre - explore ability to increase capacity if needed and put plans in place	CSD SR AD T&C CSD SR CSCM	Sun-31-Jan-21	
Reduction	20/739 - Communications – ensure contingency plans for sufficient capacity, and plans are in place for a daily rota across the county and district councils	CSD HoC LRF Comms Group	Sun-31-Jan-21	
Reduction	20/740 - Human resources – ensure manager and staff cover/availability. Provide advice to WFH where appropriate (fuel shortage). Monitor potential knock on effect on workforce due to increase in wages to mitigate against EU citizens leaving	All Mgt Board	Sun-31-Jan-21	
Reduction	20/741 - Resources – monitor availability of fuel, ensure Ringways maintaining contractually required stocks and ideally more, and investigate potential for storage	BES AD H&T	Sun-31-Jan-21	
Reduction	20/742 - Adult Social Care – carry out mapping of staff/skills across the county to ensure safety of people. Monitor availability of medicines.	CD HAS	Sun-31-Jan-21	
Reduction	20/743 - Highways – Monitor availability and cost increase of vehicles and vehicle parts	CD BES	Sun-31-Jan-21	
Reduction	20/744 - BES strategic planning/heritage – obtain clarity around the loss of ESF and how its replacement will work	CD BES	Sun-31-Jan-21	
Reduction	20/745 - Council Wide – discuss contingency plans and ensure robustness	All Mgt Board	Sun-31-Jan-21	
Reduction	20/746 - Communications with Members	Chief Exec	Sun-31-Jan-21	
Reduction	20/747 - Continue to work with District Councils to gather intelligence around businesses particularly exposed to risk		Sun-31-Jan-21	
Reduction	20/805 - Encourage exporting and importing businesses to prepare for EU Exit Transition arrangements (assistance being provided through Trading Standards and the LEP)	CD BES	Sun-31-Jan-21	
Reduction	20/806 - Continue to advertise to ensure that information regarding the Local Assistance Fund reaches the appropriate people	CD SR	Sun-31-Jan-21	
Reduction	20/1190 - EU Settlement Scheme – Registration Service to support applicants without access to Android phone. And through proactive campaigning by the Comms team, HAS and CYPS, ensure that every eligible person (including existing service users) is aware of and encouraged to consider applying for settled / pre-settled status	CD CYPS CSD HoC CSD PPC GM RA&C	Sun-31-Jan-21	

Phase 4 - Post Risk Reduction Assessment

Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
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Phase 5 - Fallback Plan		Action Manager
Fallback Plan	20/573 - Revisit and look at emergency measures that need to be put in place.	Chief Exec

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Phase 1 - Identification											
Risk Number	20/194	Risk Title	20/194 - Major Failure due to Quality and/or Economic Issues in the Care Market				Risk Owner	Chief Exec	Manager	CD HAS	
Description	Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.					Risk Group	Legislative	Risk Type	HAS Dir 3/162		
Phase 2 - Current Assessment											
Current Control Measures		Regular review and monitoring of contracts in addition to close working relationship with corporate procurement colleagues. Quality Improvement Team now embedded into the service and continuing to work well. Market position statement created as an online tool to support commissioning and interventions into the market. Work underway to develop a quality pathway with enhanced market surveillance to ensure market oversight in line with The Care Act. Hardship process in place to enable financial assistance to the market where value for money and strategic need can be evidenced. Service Development function now created linked to locality working to identify market issues at an early stage and appropriate market support strategies are created. Ongoing rolling programme of audits by Veritau of individual suppliers. Initial business case approved for Intervention into Harrogate market. Enhanced care homes services in place during Coronavirus pandemic to provider wrap around support to the market.									
Probability	H	Objectives	M	Financial	H	Services	M	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/468 - Continue to revise and update a market position statement; this is now an online statement with different aspects being updated as and when required						HAS AD C&Q	Tue-30-Jun-20	Tue-30-Jun-20		
Reduction	20/469 - Jointly with Health continue to monitor baseline assessments QA framework and risk profiles of providers; targets are reviewed at quarterly officer meetings and info fed into engagement group; pursue opportunities for joint working between HAS and NHS with plans in place for health brokerage (brokerage pilots in place)						HAS AD C&Q	Tue-30-Jun-20	Tue-30-Jun-20		
Reduction	20/471 - Continue with regular engagement meetings with CQC locally and engage with CQCs national programme of identifying providers where there is significant risk of failure						HAS AD C&Q	Tue-30-Jun-20	Tue-30-Jun-20		
Reduction	20/473 - Continue to engage in ADASS work to manage major problems occurring, such as financial issues in the care provider market and ensure robust contingency planning and to learn lessons from serious case reviews at a national level; more work being done to enhance regional ways of working; this continues, working through any remaining data sharing issues with Data Governance						HAS AD C&Q	Thu-31-Dec-20			
Reduction	20/474 - Continue to work with Veritau on audits of individual suppliers (rolling programme in place)						HAS AD C&Q	Wed-31-Mar-21			
Reduction	20/486 - Implement action plan following outcome of state of the market exercise and ensure inclusion of NHS and Partners - ongoing (Make Care Matter; IBCF monies used for Recruitment Hub and Learning4Care) and regularly report to ISPB						HAS AD C&Q	Wed-30-Sep-20	Wed-30-Sep-20		
Reduction	20/492 - Review any opportunities to stabilise the market through additional Govt funding given to social care for this purpose (review position each year for next 3 years of funding); IBCF being used for piloting an approach to rural dom care, supporting recruitment and training						CSD AD SR (AH) HAS AD C&Q	Thu-30-Apr-20	Sat-29-Feb-20		
Reduction	20/538 - Developing a quality pathway, revising processes and procedure and incorporating best practice adopting a risk based / predictive approach; this will come from the focussed review						HAS C&Q Ho Q&M	Fri-30-Apr-21			
Reduction	20/539 - Rewriting quality policies with input from Veritau as part of focussed review						HAS C&Q Ho Q&M	Fri-30-Apr-21			

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Reduction	20/540 - Ensure clarity around commissioning intentions using place based intelligence	HAS AD C&Q	Tue-30-Jun-20	Fri-31-Jan-20								
Reduction	20/541 - Work with ICG to ensure provider BCPs are in place (complete) and evidence of testing can be provided	HAS AD C&Q	Tue-30-Jun-20	Tue-30-Jun-20								
Reduction	20/542 - Consideration of market interventions, including development of a provider arm or a proposal to bring organisations together (initial business case approved for intervention into Harrogate market)	HAS AD C&Q	Thu-30-Sep-21									
Reduction	20/807 - Starting a system wide market development board to monitor the impact of Covid and other issues in the market; individual work streams within this to be established	HAS AD C&Q	Thu-30-Sep-21									
Reduction	20/1188 - Monitor issues caused by the complex partner relationships, meetings and structures and raise at HASLT where appropriate - ongoing	HAS AD C&Q	Wed-30-Jun-21									
Phase 4 - Post Risk Reduction Assessment												
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	M	Category	2	
Phase 5 - Fallback Plan												
Fallback Plan	20/548 - Make client safe, crisis meeting, implement relevant steps, consultation with senior staff and relevant organisations (e.g. Police CQC). Effective communication to relevant parties, utilise established failure plan.										Action Manager	CD HAS

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Phase 1 - Identification											
Risk Number	20/245	Risk Title	20/245 - Recovery from Coronavirus				Risk Owner	Chief Exec	Manager	CSD AD PPC	
Description	Failure to lead an effective recovery from the outbreak of Coronavirus in North Yorkshire resulting in adverse impact on the health and wellbeing of residents and staff, long term damage to the local economy and financial position of the council, and inadequate arrangements for the education of children and young people					Risk Group		Risk Type			
Phase 2 - Current Assessment											
Current Control Measures			Regular Gold and Silver Command meetings, Management Board focus and timely decision making, full engagement with Partners through LRF and Recovery Coordination Group;								
Probability	H	Objectives	M	Financial	H	Services	M	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/544 - Virus Control - effective management of Test and Trace Programme, and Local Outbreak Control (including the Outbreak Management Advisory Board, Test and Trace team, and Local Outbreak Control Plan.						Dir Public Health	Tue-31-Aug-21			
Reduction	20/545 - Schools – effective support to schools to ensure a safe return for pupils and staff						CD CYPS CYPS E&S PEA (S)	Tue-31-Aug-21			
Reduction	20/546 - Care Homes and Social Care – provide support to care homes and extra care settings including development of their outbreak management plans						CD HAS HAS AD C&S (Asmt.)	Tue-31-Aug-21			
Reduction	20/547 - Local Economy – continue to support businesses via initiatives such as the LEP Recovery programme, York and North Yorkshire Growth Hub, Buy Local promotion,						BES AD EPU BES AD GP&TS CD BES	Tue-31-Aug-21			
Reduction	20/548 - Isolated People - continue to provide support to isolated people through actions such as shopping and prescription collection and delivery including community support organisations						CD SR CSD PPC HoStrC	Tue-31-Aug-21			
Reduction	20/728 - Community recovery co-ordination – initiatives include personal poverty and debt assistance; Bereavement; sustainability of the voluntary sector and harnessing the strength of community action; local assistance fund plus appropriate extensions; support to food bank and similar organisations;						CSD AD PPC CSD PPC HoStrC	Tue-31-Aug-21			
Reduction	20/800 - Property – put arrangements in place to ensure the safe return of staff and the public into services and premises						CD SR CSD SR Ho PS	Tue-31-Aug-21			
Reduction	20/801 - Workforce and OD – provide guidance to managers and staff to ensure good health and wellbeing, informal communications and tutoring, good performance, a positive culture and improved ways of working						CSD ACE BS	Tue-31-Aug-21			
Reduction	20/802 - Finance – ensure all efforts are made to obtain optimal funding from Government in relation to costs incurred due to the management of Coronavirus						CD SR	Tue-31-Aug-21			
Reduction	20/803 - Services – review any changes to and/or transformation of services to improve delivery, and develop projects that will support services as part of the Beyond 2020 Change Programme						CD SR CSD SR AD T&C	Tue-31-Aug-21			
Reduction	20/822 - Clinically Extremely Vulnerable People - continue to provide support to clinically extremely vulnerable people through actions such as shopping and prescription collection and delivery including community support organisations plus regular contact						CD SR CSD PPC HoStrC	Tue-31-Aug-21			

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Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	H	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	20/596 - Continue to learn lessons, and review and revise actions taken to provide recovery									Chief Exec	

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Phase 1 - Identification											
Risk Number	20/236	Risk Title	20/236 - Opportunities for Devolution and Growth in North Yorkshire				Risk Owner	Chief Exec	Manager	CD BES	
Description	Failure to take advantage of Devolution opportunities and to deliver the ambition of Sustainable Economic Growth, through for example the delivery of the right housing and transport whilst protecting the outstanding environment and heritage, resulting in reduced investment and impact on the growth and jobs, inability to recover from the impact of the Virus, attract, retain and grow businesses and raise living standards across North Yorkshire					Risk Group	Strategic	Risk Type	BES 7/174		
Phase 2 - Current Assessment											
Current Control Measures			<p>Devolution - proposals submitted to Govt., LEP strategic economic plan in place; NYCC retains the Infrastructure Delivery Steering Group; NYCC wide co-ordination of development needs linked to District plans; local authorities are moving towards a joint committee & considering a combined authority; LA Director group in place; plan detailing powers and funding developed; consensus of Yorkshire local authorities on Devolution geography and opportunities; York and North Yorkshire geography and proposition established;</p> <p>Growth - Direct contribution and support, including through provision of accountable body function, to the YNYER Local Enterprise Partnership; maintenance of an Economic Growth Function within BES; Proactive engagement in LGNY Y partnership working including through Directors of Development, Chief Housing Officers, Heads of Planning and Economic Development Officer Groups; Lead role in enabling and further developing YNYERH Spatial Framework; Lead role in supporting and developing the NYCC Growth Plan Steering Group and sub-ordinate arrangements; Lead role in initiating and developing the NYCC Economic Growth Plan and annual Delivery Framework (endorsed by Executive); Work to monitor and support opportunities to secure alternative governance arrangements including a Devolution deal with Government; District Liaison groups established with 76 Districts; Brexit consultations undertaken on behalf of NYCC and responses intelligence used for strategic response including Devolution requirements; Phase 2 options and plans for strategic natural capital investment defined in strategic Devolution documents with monetary and resource requirements;</p>								
Probability	H	Objectives	M	Financial	H	Services	H	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/246 - Continue to monitor the Devolution agenda and communication with stakeholders to maximise opportunities (ongoing); the greater York/NY geography is being used in some areas of growth work (ongoing)						BES AD GP&TS	Sun-31-Oct-21			
Reduction	20/364 - Devolution - Gain political support both locally and nationally (ongoing)						Chief Exec	Sun-31-Oct-21			
Reduction	20/549 - Growth - Carry out an annual review of progress of the NYCC Economic Growth and Delivery Plan and Action Plan including the Coronavirus recovery plan (ongoing) (refreshed draft Growth Plan produced as at 31 March 2020. Timetable including consultation agreed at Growth Plan Steering Group 1 July and an Executive meeting is booked for Dec 2020)						BES AD GP&TS BES GP&TS HoSP&EG	Thu-31-Dec-20			
Reduction	20/550 - Growth - Continue to embed enhanced collaborative working arrangements with District Councils (annual review of progress and for 2020 there is the need to consolidate the process with a pipeline of strategic projects to work together on.) - ongoing						BES AD GP&TS	Fri-31-Dec-21			
Reduction	20/552 - Growth - Maintain good working relationship with the LEP (including work to align LEP funding with the Directors of Development master planning funding. Also teams working with the LEP to deliver a series of Webinars) (ongoing)						CD BES	Fri-31-Dec-21			
Reduction	20/553 - Growth - Continue to understand and investigate any impacts of Brexit and ensure opportunities are taken						BES AD EPU CD BES	Thu-31-Dec-20			
Reduction	20/597 - Growth - Complete YNYERH Spatial Framework SDZ Long Term Development Statements to enable effective long-term planning and investment of infrastructure for growth; approval by LGNY Y Board / Leaders for publication and open release of the framework						BES AD GP&TS	Thu-31-Dec-20			

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Reduction	20/598 - Growth - Deliver strategic natural capital investment via the Local Nature Partnership (LEP/LNP lead); Taking forward phase 2 implementation options with partners (Local Authorities, DEFRA, Universities, Business) with link to 25 Year Environment plan and government policy changes (planning net gain, agriculture ELMs, Local Industrial Strategy & Natural Capital plans) ongoing.	BES AD GP&TS	Wed-31-Mar-21	
Reduction	20/723 - Devolution - Develop a York/North Yorkshire proposition including a combined authority, in response to Govt. continuing to reject One Yorkshire	Chief Exec	Tue-30-Jun-20	Sun-31-May-20
Reduction	20/725 - Devolution - Carry out consultation for a York/North Yorkshire proposition and following approval, submit to Govt (in July 2020) and then negotiate and obtain relevant financial opportunities and powers for a combined authority.	Chief Exec	Sun-31-Oct-21	
Reduction	20/794 - Growth - Continue to understand and investigate the impacts of the Coronavirus pandemic and work with partners to develop a recovery plan to assist North Yorkshire businesses (including Trading Stds contributing a range of business advice/support initiatives to the plan.)	BES AD GP&TS CD BES	Fri-31-Dec-21	
Reduction	20/916 - Devolution - Establish the geography on which to secure Devolution (consensus of Yorkshire local authorities achieved, support from Govt Minister required)	Chief Exec	Fri-31-Jul-20	Sat-29-Feb-20
Reduction	20/917 - Devolution - Develop detailed business cases for different geographies	Chief Exec	Fri-31-Jul-20	Sat-29-Feb-20
Reduction	20/1197 - Devolution - Ensure delivery of LGR (estimated timescale)	Chief Exec	Wed-31-Mar-21	
Reduction	20/1397 - Devolution - Negotiate the economic barriers and opportunities which Devolution can take advantage of with Government including interim devolution deals	CD BES	Sun-31-Oct-21	

Phase 4 - Post Risk Reduction Assessment

Probability	M	Objectives	M	Financial	M	Services	M	Reputation	M	Category	4
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Phase 5 - Fallback Plan

Fallback Plan	20/572 - Carry out further discussions with Central Government if required and review and revise existing arrangements for sustainable economic growth	Action Manager	CD BES Chief Exec
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Phase 1 - Identification											
Risk Number	20/47	Risk Title	20/47 - Partnership and Integration with Health				Risk Owner	Chief Exec		Manager	CD HAS
Description	Failure to achieve the best outcomes from working jointly with the Commissioner and Provider resulting in suboptimal maximisation of integration across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes					Risk Group	Partnerships		Risk Type	HAS 3/180	
Phase 2 - Current Assessment											
Current Control Measures			<p>HAS: Effective HWB partnership with clear reviewed and revised - governance providing strategic leadership regarding H&W across the County; chief Officer representation influencing the development of STP/ICSSs; HASLT locality delivery model in place actively shaping local integration plans; Joint leadership in Harrogate developing a new model of care building on the work of Vanguard; joint commissioning boards in Hamb/Rich and Scarborough/Ryedale CCGs underpinned by s75 agreements; investment of IBCF and BCF to protect social care; Joint Health and Well-being Strategy in place; corporate task and finish group for DToC in place; HWB development sessions; Integration and Better Care Fund Plan developed with CCGs and agreed at Health and Wellbeing Board; 2020 Health Programme focussing on integration established; York and North Yorkshire SLE in place with a work programme of 10 priorities; joint commissioning boards for HRW and Scarborough in place (but in abeyance pending re-organisation of NY CCGs);</p> <p>CYPS: H&W Board; Health and Well-being Strategy; JSNA; services commissioned for 0-5 and 5 -19 Healthy Child Programme to ensure close alignment with CYPS Services; Childhood Futures governance arrangements in place; Young and Yorkshire 2 (Being Young in North Yorkshire (BY in NY) in draft);</p>								
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/60 - Ensure that we account for the BCF and IBCF funding as per the Regulations on a quarterly basis (ongoing)						CSD AD SR (AH)	Tue-31-Mar-20	Tue-31-Mar-20		
Reduction	20/362 - Ensure NHS partners are fully aware of the democratic and political environment they are operating within and liaise with Scrutiny colleagues to ensure a positive outcome (ongoing)						CD HAS	Tue-30-Jun-20	Tue-30-Jun-20		
Reduction	20/363 - Actively monitor relationships, priorities and communications and ensure that HAS managers are fully engaged at appropriate level and review at HAS WLT on a regular basis (ongoing)						CD HAS	Wed-30-Jun-21			
Reduction	20/399 - Develop proposals to align to the emerging new Primary Care Networks which will be established. (temporarily implemented due to Covid-19 requirements and reviewed during recovery).						HAS AD HI	Sun-31-Jan-21			
Reduction	20/402 - Review arrangements relating to time limited additional social care funding at March service plan challenge with Chief Exec						CD HASCD SR	Tue-31-Mar-20	Tue-31-Mar-20		
Reduction	20/451 - Agree and implement Harrogate and Rural Alliance (Sept 2019 complete) integration of community health and social care services and also further new models of care when emerging new Primary Care Networks are established						CD HAS	Wed-31-Mar-21			
Reduction	20/452 - Engage wider HASLT in testing the implications of different integration models (ongoing)						HAS AD C&Q HAS AD HI	Wed-31-Mar-21			
Reduction	20/457 - Improve the DToC (Delayed Transfer of Care) performance to avoid financial penalties and reputational issues. Implement the work programme of the Transfers of Care Board. – HI overview with C&S delivery, continued progress on the social care element but still reliant on the NHS areas						HAS AD C&Q HAS AD C&S	Tue-30-Jun-20	Tue-31-Mar-20		
Reduction	20/458 - Consider MoUs for STP / ICS across the County that explicitly define the Council's involvement and engagement in these arrangements						CSD AD SR (AH) HAS AD HI	Wed-31-Mar-21			

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Reduction	20/481 - Continue to contribute to the delivery of the workplan for the Health and Well-being Board in relation to children's health priorities and ensure strategic decision making in Health is influenced through alignment with the JSNA and the Young and Yorkshire 2 (Being Young in North Yorkshire (BY in NY) in draft) (ongoing)	CD CYPs	Thu-30-Sep-21								
Reduction	20/528 - Commission a review of CHC arrangements relating to the needs of children with SEND (draft report completed Mar 2020)	CSD AD SR (HE) CYPs AD Incl	Mon-31-Aug-20	Mon-31-Aug-20							
Reduction	20/565 - Actively work with Partners on a new way for the health system to work in North Yorkshire	HAS AD HI	Tue-31-Mar-20	Tue-31-Mar-20							
Reduction	20/724 - Ensure full participation across Health and the Local Authority in the Childhood Futures Programme	CYPs Comm Mgr Health	Wed-31-Mar-21								
Reduction	20/733 - Manage relationships at Trust and CCG level as a result of leadership changes (ongoing)	CD HAS	Tue-31-Mar-20	Tue-31-Mar-20							
Reduction	20/734 - Develop and implement an action plan following the outcome of the review of CHC arrangements for the needs of SEND children with Health	CSD AD SR (HE) CYPs AD Incl	Wed-31-Mar-21								
Reduction	20/735 - Work jointly with CCGs to improve and enhance CHC operational pathways whilst working within the National Framework; temporary enhanced working CHC team in place	HAS AD C&Q	Fri-30-Apr-21								
Reduction	20/748 - Carry out a post implementation review of HARA	HAS AD HI	Wed-31-Mar-21								
Reduction	20/798 - Review all processes relating to DToC (Delayed Transfer of Care) during recovery from Coronavirus impact to ensure they are sustainable	HAS AD C&Q HAS AD C&S	Wed-30-Jun-21								
Reduction	20/799 - Ensure records of decision making during Coronavirus pandemic are complete	CD HAS	Wed-31-Mar-21								
Reduction	20/828 - Develop and implement an action plan following the outcome of the review of CHC arrangements for the needs of SEND children with Health.	CSD AD SR (HE) CYPs AD Incl	Wed-31-Mar-21								
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	20/210 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.									Action Manager	CD HAS

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Phase 1 - Identification											
Risk Number	20/244	Risk Title	20/244 - Significant Incidents			Risk Owner	Chief Exec		Manager	Chief Exec	
Description	Failure to plan, respond to and recover effectively from significant incidents in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation				Risk Group	Performance		Risk Type	CS 15/200		
Phase 2 - Current Assessment											
Current Control Measures			NYLRF and RMCI; experience and resources of partners; existing plans incl public health (training and exercises); RET; partnership working with District Councils; community resilience; silver response in the County Council major incident plan tested; approach to BCP refreshed to strengthen service resilience; Resilience Direct portal; regional multi agency pandemic exercise held; effectiveness and robustness of resilience plans relating to the public health and social care of the NY population tested; NYCC action plan developed and implemented based on the debrief report recommendations and all multi agency learning (including the flood reporting tool and simplification of information flow); members of national steering group on volunteers; BCP post audit action plan; Multi Agency cyber threat event held; Ready for Anything campaign; provided input to and engaged with national learning and development of best practice following incidents locally, regionally and nationally;								
Probability	M	Objectives	L	Financial	H	Services	L	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	15/614 - Continue to work with our partners in Public Health England, the NHS and the wider North Yorkshire local resilience forum to share the information and messages of reassurance being issued by the lead agencies				CSD AD PPC		Wed-30-Jun-21				
Reduction	15/637 - Continue to ensure business continuity plans are reviewed, exercised and kept up to date				CD SR		Wed-30-Jun-21				
Reduction	20/464 - Through NYLRF, consider, understand and prepare for any threats that the EU Exit transition period may bring to the Authority				CSD AD PPC		Sun-31-Jan-21				
Reduction	20/970 - Continue to ensure effective co-ordination and communication with County and District/Borough Council services & NYLRF in light of reduction in resources (ongoing)				CSD AD PPC		Wed-30-Jun-21				
Reduction	20/971 - Continue to ensure effective and efficient processes are embedded amongst all partners to prioritise workstreams (incl. plans, training and exercises) (ongoing)				CSD AD PPC		Wed-30-Jun-21				
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	L	Financial	H	Services	L	Reputation	M	Category	3
Phase 5 - Fallback Plan											
									Action Manager		
Fallback Plan	20/207 - Embedded practice based on Response to Major and Critical Incident protocols								Chief Exec		

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2020) – detailed and summary**
 Next Review due: **May 2021**
 Report Date: **2nd December 2020 (fs)**

Phase 1 - Identification											
Risk Number	20/189	Risk Title	20/189 - Safeguarding Arrangements				Risk Owner	Chief Exec		Manager	CD HAS CD CYPS
Description	Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.					Risk Group	Safeguarding		Risk Type	CYPS 24/250 HAS 3/27	
Phase 2 - Current Assessment											
Current Control Measures			<p>CYPS - North Yorkshire Safeguarding Children Partnership website; regularly reviewed procedures; monthly performance data for monitoring; audit regime; manager authorisation of all assessments; LCS; missing and at risk of exploitation multi-agency procedures and Specialist Social Worker roles to support practitioners; training strategy; clear supervision process which is audited on a regular basis; Multi Agency Screening Team (MAST); OFSTED 'outstanding' categorisation; Mgt file audit of case files; monitoring and management of performance against agreed targets in the SMT action plan;</p> <p>HAS - Detailed action plan; Safeguarding general manager and team; strengthening of Safeguarding policy team; case file audit and review; independent chair to Safeguarding Board in place; risk enablement panel in place and being reviewed; countywide safeguarding general manager in place; testing of initial performance metrics for Safeguarding Board has taken place further developing performance activity; initial safeguarding procedures reviewed linked to consultation in light of the Care Act and are being reviewed again; safeguarding board performance framework; Q&E [protocol for the relationship between Adults Social Care (and Children's Trust) and the Health and Wellbeing Board agreed and implemented;] information framework for serious incident data, eg drug death etc in place; recommendations from the commissioned independent review of safeguarding practice taken into consideration as part of the preparations for the implementation of the latest policy and procedures; local arrangements with Children's Safeguarding Board and Community Safety Partnerships reviewed; training for in house provider; new safeguarding policies and procedures implemented; including a Quality Monitoring Tool, monthly strategic meetings with CQC and Healthwatch;</p>								
Probability	M	Objectives	H	Financial	M	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/374 - Ensure compliance with Safeguarding Board and Children and Families' procedures [CYPS]						CYPS AD C&F	Thu-30-Sep-21			
Reduction	20/382 - Continue to feed into review of EDT arrangements (adult lead) as required [CYPS]						CYPS AD C&F	Thu-30-Sep-21			
Reduction	20/384 - Continuation of 'Practice Weeks' where managers will visit locations to observe and review practice; these are now in place and teams will to be involved in the planning to make these more effective [CYPS]						CYPS AD C&F	Thu-30-Sep-21			
Reduction	20/385 - Use and further development of performance dashboards to support individual managers including development of managing upwards reports which support management and ownership of performance [CYPS]						CYPS C&F HoS	Thu-30-Sep-21			
Reduction	20/456 - Continue to report regularly to HASLT, Care and Independence O&S Committee and Health and Wellbeing Board particularly in light of preparation for the latest policy and procedures. [HAS]						HAS AD HI	Wed-31-Mar-21			
Reduction	20/487 - Continue to work with Commissioning and Quality team to improve quality assurance (development of new approaches and tools around working with providers on quality assurance issues); including work and regular meetings with CQC, Health and Healthwatch; near miss system in place [HAS]						HAS AD C&S (Asmt.) HAS AD HI	Sun-31-Oct-21			
Reduction	20/490 - Ensure training in respect of latest policies and procedures for elected Members, staff and Partners is reviewed and delivered [HAS]						HAS AD C&S (Asmt.)	Wed-31-Mar-21			
Reduction	20/534 - Continue to carry out the supervisory body role for DoLS to ensure the system is as effective as possible within existing resources and prepare for Liberty Protection Safeguarding Bill, details expected Jan 2020 and will become law by June 2020 (linked to action 20/615) (LPS guidance delayed due to impact of Coronavirus) [HAS]						HAS AD HI	Wed-30-Jun-21			

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2020) – detailed and summary**

Next Review due: **May 2021**

Report Date: **2nd December 2020 (fs)**

Reduction	20/535 - Continue to ensure Partners are fully engaged with Safeguarding Boards centrally and locally, particularly new health partners (CCGs); inter board network in place with community safety and children's board [HAS]	HAS AD C&S (Asmt.) HAS AD HI	Wed-30-Jun-21	
Reduction	20/536 - Continue to embed safeguarding work to deliver the Transforming Care programme incl. embedding the Care Act role of Principal Social Worker and Safeguarding Board Manager with closer scrutiny of Transforming Care work [HAS]	HAS AD C&S (Asmt.)	Wed-30-Jun-21	
Reduction	20/596 - Continue to strengthen Governance arrangements in HAS following consideration of North Yorkshire and national safeguarding adult reviews (ongoing) [HAS]	HAS AD C&S (Asmt.)	Wed-30-Jun-21	
Reduction	20/615 - Continue with scoping work in preparation for implementing the Liberty Protection Safeguarding Bill (linked to action 20/534) [HAS]	HAS AD C&S HAS AD HI	Wed-30-Jun-21	
Reduction	20/804 - Continue joint work with CYPS and the Community Safety Partnership with formal quarterly meetings of the InterBoard Network [HAS]	HAS AD HI	Fri-30-Apr-21	
Reduction	20/829 - Develop contingency plans around the MAST to support should demand increase [CYPS]	CYPS C&F HoS	Thu-30-Sep-21	
Reduction	20/830 - Formulation of Group Manager and Specialist Social Workers to oversee and support practice in relation to Contextual Safeguarding [CYPS]	CYPS C&F HoS	Thu-30-Sep-21	
Reduction	20/831 - 24/434 - Manage the risk that as children, young people and their families are not seen by their networks and professionals they would usually have contact with due to restrictions; If restrictions increase the pressures for families increase which in turn increases the risk. This is will be monitored closely by SLT. Escalation process are in place when families cannot be seen to ensure appropriate decision making and use of PPE if required. A Hidden Harm Group has been formulated which has raised awareness around the issue with a message for people to be even more vigilant. [CYPS]	CYPS C&F HoS	Thu-30-Sep-21	
Reduction	20/832 - Ensure that service dashboards reflect the criteria for each of the key inspection areas and are monitored on a regular basis [CYPS]	CYPS AD C&F CYPS AD E&S CYPS AD Incl	Sun-31-Oct-21	
Reduction	20/833 - Ensure pre inspection readiness within CYPS for the inspections of LA services, and for schools within the inspection window by continual monitoring of performance and identifying areas for further improvement by assessing their impact (ongoing) [CYPS]	CYPS AD C&F CYPS AD E&S CYPS AD Incl	Sun-31-Oct-21	
Phase 4 - Post Risk Reduction Assessment				
Probability	Objectives	Financial	Services	Reputation
L	H	M	M	H
Category 3				
Phase 5 - Fallback Plan				
Fallback Plan	20/545 - Carry out necessary review of approach, target underperforming areas and take on lessons learned from any serious case reviews			Action Manager
				CD CYPS CD HAS

Corporate Risk Register

Appendix A





Risk Register: **month 0 (November 2020) – detailed and summary**




Next Review due: **May 2021**

Report Date: **2nd December 2020 (fs)**

Phase 1 - Identification												
Risk Number	20/247	Risk Title	20/247 - Local Government Reorganisation					Risk Owner	Chief Exec		Manager	Chief Exec
Description	Failure to achieve the most effective local government reorganisation for North Yorkshire leading to suboptimal savings, inferior local government arrangements, potential delay in a Devolution deal and an impact on work commitments such as the Beyond 2020 Savings Programme and other projects.						Risk Group	Change Mgt		Risk Type		
Phase 2 - Current Assessment												
Current Control Measures			Development of case for change for unitary county; financial model of potential savings; expressions of support gathered from key stakeholders; preparation of transition plan; ongoing engagement with Govt officials; LGR Steering Group; regular updates with Executive' regular Member engagement;									
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
Reduction	20/505 - Submit business case for a proposed unitary structure of local government in North Yorkshire that is considered by County Council and the Executive.						Chief Exec	Wed-4-Nov-20	Mon-30-Nov-20			
Reduction	20/523 - Submit an approved final business case to Government in line with any timescales and process as determined by Government.						Chief Exec	Wed-9-Dec-20				
Reduction	20/524 - Continue to secure expressions of support from key stakeholders						Chief Exec	Tue-31-Aug-21				
Reduction	20/527 - Monitor Government consultations on LGR proposals						Chief Exec	Fri-30-Apr-21				
Reduction	20/529 - Carry out preparations for transitioning to any new unitary structure(s) in anticipation of a final decision on the part of Government. This will include engagement with the public, staff, key partners and the 7 North Yorkshire District Councils and will take place after submission of the business case pending any decision from Government.						Chief Exec	Tue-31-Aug-21				
Reduction	20/531 - Implementation of whatever arrangements are finally determined by the Secretary of State in line with his timetable (approx. timeline given).						Chief Exec	Sun-31-Oct-21				
Reduction	20/532 - Review specialist resources that will be required.						Chief Exec	Sun-31-Oct-21				
Phase 4 - Post Risk Reduction Assessment												
Probability	L	Objectives	H	Financial	H	Services	H	Reputation	H	Category	3	
Phase 5 - Fallback Plan												
										Action Manager		
Fallback Plan	20/578 - Work with District Councils to enhance 2 tier working or progress a Local Government Reorganisation solution as set out by Central Government									Chief Exec		

Change	Risk Title	Identity Risk Description	Person		Classification												Fallback Plan			
			Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
◀▶	20/187 - Information Governance	Ineffective information governance arrangements lead to unacceptable levels of unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies resulting in loss of reputation, poor decision making, fine, etc	Chief Exec	CD SR	H	M	M	M	H	1	11	30/06/2021	H	L	M	L	M	2	Y	CD SR
◀▶	20/207 - Beyond 2020 Change Programme	Failure to implement a coherent transformation and savings programme "Beyond 2020" which delivers the improvements and forecast funding shortfall resulting in short term and sub optimal savings decisions ie service cuts	Chief Exec	CD SR	H	H	H	H	H	1	11	31/03/2021	M	H	H	H	H	2	Y	All Mgt Board
◀▶	20/1 - Funding Challenges	Inadequate funding available to the County Council to discharge its statutory responsibilities and to meet public expectation for the medium term resulting in legal challenge, unbalanced budget and public dissatisfaction	Chief Exec	CD SR	H	H	H	H	H	1	9	31/01/2021	M	H	H	M	M	2	Y	All Mgt Board
Page 98 ▼	20/235 - Ending of EU Exit Transition Arrangements	At the end of the EU Exit transition period (31 December 2020) and/or the phased introduction of border checks (30 June 2021) the UK has sub-optimal trade deals and other arrangements resulting in difficulties (which impacts on residents and local businesses), in price uncertainty and supply chain difficulties, price pressures from contractors, increased demands on services from customers and businesses; adverse impacts upon the local economy and infrastructure and environmental standards; data protection; some EU citizens living in the county who do not have settled or pre-settled status will be unable to work, study, rent housing or have recourse to public funds causing an impact on recruitment, damaging community cohesion, and necessitating additional expenditure to support the most vulnerable.	Chief Exec	All Mgt Board	H	M	H	M	M	1	26	31/01/2021	M	M	H	M	M	2	Y	Chief Exec
◀▶	20/194 - Major Failure due to Quality and/or Economic Issues in the Care Market	Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.	Chief Exec	CD HAS	H	M	H	M	H	1	14	31/12/2020	H	M	M	M	M	2	Y	CD HAS
◀▶	20/245 - Recovery from Coronavirus	Failure to lead an effective recovery from the outbreak of Coronavirus in North Yorkshire resulting in adverse impact on the health and wellbeing of residents and staff, long term damage to the local economy and financial position of the council, and inadequate arrangements for the education of children and young people	Chief Exec	CSD AD PPC	H	M	H	M	H	1	11	31/08/2021	M	M	H	M	H	2	Y	Chief Exec
◀▶	20/236 - Opportunities for Devolution and	Failure to take advantage of Devolution opportunities and to deliver the ambition of Sustainable Economic Growth, through for example the delivery of the right housing and transport whilst	Chief Exec	CD BES	H	M	H	H	H	1	15	31/12/2020	M	M	M	M	M	4	Y	CD BES Chief Exec

Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
	Growth in North Yorkshire	protecting the outstanding environment and heritage, resulting in reduced investment and impact on the growth and jobs, inability to recover from the impact of the Virus, attract, retain and grow businesses and raise living standards across North Yorkshire																		
	20/47 - Partnership and Integration with Health	Failure to achieve the best outcomes from working jointly with the Commissioner and Provider resulting in suboptimal maximisation of integration across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes	Chief Exec	CD HAS	M	M	H	M	M	2	20	31/01/2020	M	M	H	M	M	2	Y	CD HAS
	20/244 - Significant Incidents	Failure to plan, respond to and recover effectively from significant incidents in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation	Chief Exec	Chief Exec	M	L	H	L	H	2	5	31/01/2021	L	L	H	L	M	3	Y	Chief Exec
	20/189 - Safeguarding Arrangements	Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.	Chief Exec	CD HAS CD CYPS	M	H	M	M	H	2	18	31/03/2021	L	H	M	M	H	3	Y	CD CYPS CD HAS
	20/247 - Local Government Reorganisation	Failure to achieve the most effective local government reorganisation for North Yorkshire leading to suboptimal savings, inferior local government arrangements, potential delay in a Devolution deal and an impact on work commitments such as the Beyond 2020 Savings Programme and other projects.	Chief Exec	Chief Exec	M	H	H	H	H	2	7	09/12/2020	L	H	H	H	H	3	Y	Chief Exec

Key	
	Risk Ranking has worsened since last review.
	Risk Ranking has improved since last review
	Risk Ranking is same as last review
- new -	New or significantly altered risk

Linking of Directorate risks to the Corporate risk register November 2020

(Appendix B)

Central Services Risk Register
<p>Information Governance</p> <p>Ineffective information governance arrangements lead to unacceptable levels of unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies.</p>
<p>Beyond 2020 Change Programme</p> <p>Failure to implement a coherent transformation and savings programme "Beyond 2020" which delivers the improvements and forecast funding shortfall resulting in short term and sub optimal savings decisions ie service cuts.</p>
<p>Central Services Savings Plan</p> <p>Failure to deliver the Central Services savings plan as set out in the MTFs resulting in inability to meet the budget, rationalise support services and enable the programme.</p>
<p>Significant Incidents</p> <p>Failure to plan, respond to and recover effectively from significant incidents in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation.</p>

Health and Adult Services Risk Register
<p>Information Governance and Health and Safety</p> <p>Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate.</p>
<p>Financial Pressures</p> <p>Financial pressures arising from difficulties in delivering MTFs Savings requirements, managing in year financial overspends, Better Care Fund contributions, market pressure and complexity of client needs leading to service impact or additional savings needing to be identified within HAS or corporately.</p>
<p>Major Failure due to Quality and/or Economic Issues in the Care Market</p> <p>Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities including recruitment and retention.</p>
<p>Public Health</p> <p>Failure to manage the response to Corona whilst at the same time deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions and manage within the available funding</p>
<p>Partnership and Integration with the Health</p> <p>Failure to achieve the best outcomes from working jointly with the Commissioner and Provider resulting in suboptimal maximisation of integration across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes.</p>
<p>Safeguarding Arrangements</p> <p>Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act).</p>

Corporate Risk Register	Rank
<p>Ending of EU Exit Transition Arrangements</p> <p>At the end of the EU Exit transition period (31 Dec 2020) and/or the phased introduction of border checks (30 Jun 2021) the UK has sub-optimal trade deals and other arrangements resulting in difficulties (which impacts on residents and local businesses), in price uncertainty and supply chain difficulties, price pressures from contractors, increased demands on services from customers and businesses; adverse impacts upon the local economy and infrastructure and environmental standards; data protection; causing an impact on recruitment, damaging community cohesion, and necessitating additional expenditure to support the most vulnerable.</p>	1 2
<p>Information Governance</p> <p>Ineffective information governance arrangements lead to unacceptable levels of unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies.</p>	1 2
<p>Beyond 2020 Change Programme</p> <p>Failure to implement a coherent transformation and savings programme "Beyond 2020" which delivers the improvements and forecast funding shortfall resulting in short term and sub optimal savings decisions ie service cuts.</p>	1 2
<p>Funding Challenges</p> <p>Inadequate funding available to the County Council to discharge its statutory responsibilities and to meet public expectation for the medium term resulting in legal challenge, unbalanced budget and public dissatisfaction.</p>	1 2
<p>Major Failure due to Quality and/or Economic Issues in the Care Market</p> <p>Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.</p>	1 2
<p>Recovery from Coronavirus</p> <p>Failure to lead an effective recovery from the outbreak of Coronavirus in North Yorkshire resulting in adverse impact on the health and wellbeing of residents and staff, long term damage to the local economy and financial position of the council, and inadequate arrangements for the education of children and young people</p>	1 2
<p>Opportunities for Devolution and Growth in North Yorkshire</p> <p>Failure to take advantage of Devolution opportunities and to deliver the ambition of Sustainable Economic Growth, through for example the delivery of the right housing and transport whilst protecting the outstanding environment and heritage, resulting in reduced investment and impact on the growth and jobs, inability to recover from the impact of the Virus, attract, retain and grow businesses and raise living standards across North Yorkshire</p>	1 4
<p>Partnership and Integration with Health</p> <p>Failure to shape and drive the configuration of the NHS from both a Commissioner and Provider perspective resulting in suboptimal maximisation of integration across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes</p>	2 2
<p>Local Government Reorganisation</p> <p>Failure to achieve local government reorganisation into a single unitary council for North Yorkshire leading to suboptimal savings, inferior local government arrangements, potential delay in a Devolution deal and an impact on work commitments.</p>	2 3
<p>Safeguarding Arrangements</p> <p>Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.</p>	2 3
<p>Significant Incidents</p> <p>Failure to plan, respond to and recover effectively from significant incidents in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation</p>	2 3

Business and Environmental Services Risk Register
<p>Statutory Duties</p> <p>Failure to carry out statutory duties or meet statutory deadlines (e.g. Health and Safety, safe guarding, information governance, prevention of waste pollution, planning responsibilities, statutory property related issues, driver/vehicle guidance)</p>
<p>Delivering Change Programmes within BES</p> <p>Failure to embed a strong change culture, processes and supporting capacity to deliver ongoing programmes of change in BES e.g. the BES Beyond 2020 Change Programme.</p>
<p>Growth</p> <p>Failure to deliver the ambition of Sustainable Economic Growth through the delivery of the right housing, transport, and connectivity infrastructure and recover from the Coronavirus, whilst protecting the outstanding environment and heritage, and within the context and partnership arrangements of two-tier local government structure and wider macro-economic policy and processes.</p>
<p>Opportunities for Devolution in North Yorkshire and Consideration of a Combined Authority</p> <p>Failure to take advantage of Devolution opportunities in York and North Yorkshire resulting in reduced investment and impact on the growth and jobs across North Yorkshire.</p>

Children and Young People's Service Risk Register
<p>Information Governance and Health and Safety</p> <p>Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate.</p>
<p>Cultural Change and Beyond 2020</p> <p>Failure to maintain a strong culture, processes and supporting capacity within CYPS to deliver Beyond 2020 at pace, failure to deliver savings targets, and address national funding and policy changes taking into account the impact of Coronavirus and LGR.</p>
<p>Schools Funding Challenges</p> <p>Inadequate revenue and capital funding available for good quality schools, maintenance of school infrastructure and to ensure the sustainability of small rural schools in particular small secondary schools;</p>
<p>Childhood Futures</p> <p>Failure to deliver the Childhood Futures strategic partnership arrangements, re-aligning and joining together several essential services for children and families into a brand-new integrated services model working collaboratively with CYPS services, health partners and communities to improve the health and wellbeing of children and families.</p>
<p>Safeguarding Arrangements</p> <p>Failure to have a robust approach to Safeguarding in place results in risk to vulnerable children and families and not protecting them from harm.</p>

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North Yorkshire County Council

Audit Committee 14 December 2020

Annual Report on Partnership Governance 2019/20

1.0 Purpose of report

- 1.1 To report on the governance of partnerships involving the County Council during the financial year 2019/20.

2.0 Background

- 2.1 The aim of the annual report is to enable the Audit Committee to review the effectiveness of partnership governance arrangements.
- 2.2 Preparation of the annual report also provides a mechanism to assist Management Board and Executive Members to ensure that partnerships and the resulting commitments are reviewed regularly and that the Council is only involved with those partnerships that add value to the work of the Council.
- 2.3 Prior to a commitment being made to any partnership arrangement involving the Council, approval is required in line with the Council's Constitution, Financial Procedure Rules and Partnership Governance Guidance.
- 2.4 Partnerships are within the scope of the annual report if they are characterised by one or more of the following conditions:
- strategic, in the sense that they will have a significant impact on the direction of services provided at the level of Council or Directorate themes and priorities;
 - involve elected Members on the governing board;
 - involve a financial input from the Council of £50k a year or more;
 - involve the Council as accountable body for external grant funding to the partnership; or
 - have a high or medium overall risk ranking from the partnership governance risk assessment.
- 2.5 The annual report does not cover other arrangements such as outside organisations to which the Council appoints members, contracts with suppliers, companies in which the Council is the sole or majority shareholder, and joint committees with other local authorities.

- 2.6 The key principles for partnership working locally were agreed in 2010 by Local Government North Yorkshire and York (LGNYY):
- the minimum number and simplest of partnership structures, consistent with delivering the required outcomes and statutory requirements;
 - a North Yorkshire and York approach to county / sub-regional partnership structures as far as possible, recognising that a degree of pragmatism will be required given the different local authority structures in North Yorkshire and York;
 - local partnerships, including shared community engagement arrangements, at the most appropriate local level; and
 - the use of task and finish groups to deal with particular issues, rather than standing thematic partnerships or sub-groups.
- 2.7 LGNYY also agreed that rationalisation of partnership structures is not about stopping partners working together - partnership working should be encouraged, but partnership structures should only exist where they add value and are efficient.

3.0 Partnerships in 2019/20

- 3.1 Appendix 1 lists the partnerships that were within the scope of the annual report as at 31 March 2020. The number and nature of partnerships changes from time to time and, as with all annual reports, the data within the appendix is a snapshot in time.
- 3.2 Appendix 1 also summarises information on the governance and reporting arrangements for each partnership as at 31 March 2020, together with their key achievements for 2019/20 and key issues and priorities for 2020/21.
- 3.3 The key changes since the previous annual report are:
- The Community Local Delivery Teams have been renamed Community Safety Hubs.
 - The Leeds City Region (LCR) Leaders Board no longer exists and its role has been subsumed within the West Yorkshire Combined Authority (which does not include the County Council).
 - The Local Transport Body no longer exists.
 - There are new governance arrangements for children's safeguarding as a result of revised statutory guidance (Working Together 2018) which gave three 'safeguarding partners' (upper tier local authority, police and clinical commissioning group) equal responsibility for fulfilling the role. The North Yorkshire Safeguarding Children

Partnership (NYSCP) undertakes the work of formerly of North Yorkshire Children's Trust and North Yorkshire Safeguarding Children Board with the aim of ensuring all children in North Yorkshire are safe, happy, healthy and achieving.

- Five new Local Education Partnerships / Local Inclusion Steering Groups have been established to consider the strengths and challenges facing education and inclusion in the locality and agree and implement locality plans to address these. In future, these partnerships will also have responsibility for an element of commissioning.
- Harrogate and Rural Alliance (HARA) is a new partnership leading the integration of community health and adult social care in Harrogate and district.
- NYFOP+, a partnership meeting between representatives of North Yorkshire Forum of Older People and public sector bodies, ceased to exist after the Forum folded. Work is ongoing to identify and agree the best way of promoting the involvement of representative groups of older people.
- Borders to Coast Pensions Partnership is a new stand-alone company that invests on behalf of NY Pension Fund and 10 other Local Government Pension Funds. It was created after a government requirement to pool pensions investments and NYCC (as the administering authority) is an equal shareholder in the company. This is not strictly a partnership but is included due to the nature of joint working as a vehicle for NYPF and other local government funds.

3.4 No partnerships are identified as having a high overall risk rating.

3.5 No partnerships reported a governance failure during 2019/20.

3.6 Corporate Directors review on an ongoing basis the number of partnership arrangements that officers are involved in, their strategic importance and the impact if the partnership were to be dissolved.

3.7 In addition, Executive Members in conjunction with officers of each Directorate give regular consideration to the governance and monitoring arrangements of partnerships relating to the Directorate.

4.0 Arrangements in place to monitor partnerships

- 4.1 The wide range of partnerships, and their differing roles, means a 'one size fits all' approach to reporting is neither practical nor appropriate. In this context, reporting arrangements cover:
- key issues, including service issues;
 - any specific issues relating to the management of the partnerships; and
 - routine reporting on financial or other performance, highlighting variances to budgets or performance plans.
- 4.2 All reporting arrangements need to be appropriate and commensurate to the role of the partnership and what it seeks to achieve. The term partnership covers a wide range of different approaches. Many partnerships are a coming together of partners with separate budgets to jointly plan and align their organisations' activity. Some partnerships are a delivery mechanism for joint budgets and joint decisions, for which the Council is the accountable body.
- 4.3 Data from partnership working is included in a range of more general updates, including those submitted to the Executive as part of the Quarterly Performance Monitoring reports. There are some examples of formalised reporting from particular partnerships to the Council at Executive, Executive Member or Area Committee level. More often however, the data from partnerships is not readily separated from the more general level of reporting and, in many cases, to do so would result in duplication.
- 4.4 It is essential to ensure that partnership arrangements reflect appropriately the significance of the issues arising in the partnership within the overall framework of the monitoring arrangements involving Members. There is a need to avoid the risk of providing an unnecessarily detailed analysis for relatively small partnership working areas.
- 4.5 The governance arrangements of all partnerships with a high or medium overall risk rating are reviewed by officers from Legal and Democratic Services to ensure that robust arrangements are in place to protect the interests of the partnership and, in particular, of the Council. A review is normally be undertaken within twelve months of a partnership being first rated as having a medium or high overall risk rating, and then repeated every three years for partnerships that continue to have a high overall risk rating and every five years for partnerships that continue to have a medium overall risk rating. The review considers the written governance documents of the partnership to check that they are fit for purpose. Partnerships with a low overall risk rating are not reviewed unless there are any exceptional reasons for doing so. If any concerns are identified, officers from Legal and Democratic Services liaise with the lead officer for the partnership concerned to offer advice and support and ensure that appropriate corrective action is taken to rectify the concerns.

5.0 Recommendations

5.1 It is recommended that the Audit Committee:

- (a) Receives the annual report on partnership governance;
- (b) Notes the arrangements in place to ensure good governance and reporting of partnership activity; and
- (c) Notes the contents of the schedule of partnerships that were within the scope of this report as at 31 March 2020 (Appendix 1).

Neil Irving
Assistant Director Policy, Partnerships and Communities

30 November 2020

Appendix 1 - Partnerships that were within the scope of this report as at
31 March 2020

Name of partnership	Lead NYCC Directorate	Partnership type: 1. Statutory 2. Instrumental in influencing policy 3. Instrumental in controlling £ and other resources 4. Liaison only	Purpose and role of partnership	Date of last governance review (and if recently, action taken as a result)	Key achievements 2019/20	Issues and priorities 2020/21	Have there been any governance failures in 2019/20? Yes / No If yes, outline	Membership and governance arrangements of partnership	Link to governance document / terms of reference if published on internet	Annual partnership expenditure and main sources of income	Accountable body	NYCC budget contribution (in addition to officer time)	Which NYCC elected member body does the partnership report to and how often?	NYCC elected member(s) directly involved in partnership and role they play	Any issues (eg decision making, accountability, transparency, key policy areas)? Yes / No If yes, outline	NYCC lead officer	NYCC finance contact	Risk factors H/M/L 1 Probability of governance failure 2 NYCC objectives 3 NYCC financial 4 NYCC services 5 NYCC reputation	Overall partnership risk rating H/M/L	Legal Services governance review of high and medium risk partnerships - date last undertaken, summary and any action needed as a result
Strategic sub-regional and regional partnerships																				
Local Government North Yorkshire and York (LGNYY)	CS	2	To promote effective working between local authorities and to ensure wider local authority representation, collaboration and co operation on a sub-regional basis and effective sub-regional representation at regional and national levels.	2011	Discussions have primarily focused on a potential devolution deal with government.	Potential devolution deal with government.	No	Leaders of local authorities and national park authorities. Written terms of reference. The Police and Crime Commissioner and East Riding of Yorkshire Council also attend meetings. NYCC provides the secretariat to the partnership.	www.nypartnerships.org.uk/lgnyy	No budget; NYCC provides officer time for secretariat.	n/a	No budget.	No routine report to NYCC elected member body, any issues feeding in to County Council processes in the usual way.	Cllr Carl Les - member	No	Richard Flinton	n/a	L M L L M L	L	n/a
NYC Chief Executives Group	CS	2	To provide leadership and coordination across sub-regional partnership structures and public services generally and to advise LGNYY.	2011	Discussions have primarily focused on a potential devolution deal with government, future LEP arrangements and other countywide strategy issues.	Potential devolution deal with government, future LEP arrangements and other countywide strategy issues.	No	Chief executives of local authorities and key local public sector partners. Written terms of reference. East Riding of Yorkshire Council also attend meetings. NYCC provides the secretariat to the partnership.	www.nypartnerships.org.uk/ceg	No budget; NYCC provides officer time for secretariat.	n/a	No budget	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	None	No	Richard Flinton	n/a	L M L L M L	L	n/a
North Yorkshire Local Resilience Forum (NYLRF)	CS	1	To ensure effective delivery of statutory duties under the Civil Contingencies Act 2004 that need to be developed in a multi-agency environment.	2012	1. Updated Response to Major and Critical Incidents. 2. Gold level symposium. 3. Silver and Silver/Bronze Marauding Terrorist Firearms Attack level training. 4. Further regional development against Community Risk Register. 5. EU Exit monitoring and response. 6. Launch of Ready for Anything volunteer register and training.	1. Gold, silver and bronze level training. 2. Implement agreed development of NYLRF following Pilot Supportive Review. 3. Continuing development of Ready for Anything. 4. EU Exit monitoring and response. 5. Update to local flood plans as a result of Defra review - yet to receive suggested plan template. 6. Ongoing development of NYLRF partnership.	No	Multi-agency partnership to carry out statutory duties as defined by the Civil Contingencies Act. Written governance document. NYCC provides the secretariat to the partnership.	www.nypartnerships.org.uk/nylrf	Secretariat £39k. Training & Exercise fund varies but normally around £10k. All funded by partners.	NYCC	£10k towards total cost of £39k for secretariat. £500 contribution to training and exercise fund.	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	None	No	Neil Irving	Michael Leah	L M L M H M	M	April 2017. Governance arrangements are satisfactory.
North Yorkshire Community Safety Partnership (NYCSP)	CS	1	To bring together the responsible authorities, supported by other relevant organisations, to fulfil their statutory responsibilities to work together under the Crime and Disorder Act 1998 (as amended).	2014	1. Community Safety Hubs embedded across the county. 2. DHR (Domestic Homicide Review) processes tested with 2 DHRs. 3. Joint DA commissioning arrangements. New services across the county. 4. Further development of partnership and all sub groups.	1. Effective implementation of DHR recommendations. 2. Ensuring arrangements fulfil statutory functions and agreed CSP objectives.	No	Senior officer of key local community safety partners (responsible authorities) and other relevant organisations. NYCC provides the secretariat to the partnership.	www.nypartnerships.org.uk/nycsp	No budget; NYCC provides officer time for secretariat.	n/a	No budget.	Corporate & Partnerships Overview and Scrutiny Committee in its role as statutory crime and disorder committee.	None	No	Neil Irving	n/a	L L L L M L	L	n/a
York and North Yorkshire Prevent Strategic Board	CS	2	To provide leadership across the Prevent (counter-terrorism) agenda.	2014.	1. Further development of local Prevent groups, including improved community engagement. 2. Development of military engagement. 3. Embedding Hurt by Hate resource.	1. National change (Dovetail). 2. Continued engagement across partners, including education settings. Effective links with the Hate Crime Working Group.	No	Officers of key partners. City of York Council and NYCC provides officer time for secretariat.	www.nypartnerships.org.uk/nycc	No budget; City of York Council and NYCC provides officer time for secretariat.	n/a	No budget.	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	None	No	Neil Irving	n/a	L L L M M L	L	n/a

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Superfast North Yorkshire (SFNY)	CS	2, 3	To bring the advantages of superfast broadband to as many businesses and citizens in North Yorkshire with the resources available.	2016	Phases 1 & 2 are complete. Phase 3 is approximately 75% complete. Phase 4 is in procurement with a preferred bidder chosen. Contract expected to be signed early December.	Commence Phase 4 contract, produce mapping of expected coverage and achieve milestones. Update website and public messaging.	No	Members and officers of NYCC and NYnet.		Phase 1 £26.5m offset by BDUK/ERDF grants. Phase 2 £8m (£5m BDUK/ERDF, £3m NYCC). Phase 3 £20.5m (£7.32m BDUK, £12.15m RDPE/ERDF, £1.03m NYCC). Phase 4 £12.34m NYCC. Project management by NYnet/NYnet 100.	NYCC for BDUK, ESIF and ERDF funding. NYnet is the 'managing agent' for NYCC.	Project costs are borne by NYnet 100. Phase 3 capital funding of £1.03m Phase 4 capital funding of £12.34m from NYCC approved.	Reports to SFNY Governance Board regularly. Reports to Executive when key decisions are required.	Cllr Don Mackenzie and Cllr Carl Les - Board Members. Cllr David Hugill - Observer.	Delivering the best possible contract for the Phase 4 investment and considering the approach to the properties left below Superfast access.	Gary Fielding	Gary Fielding	L M H M H	M	April 2017. Procurement, contracts, grant agreements & programme managed with Legal Services support. Appropriate governance arrangements. Barry Khan Director & Company Secretary.
Yorkshire & Humber (Local Authorities) Employers' Association	CS	4	Member-led partnership of local authorities in Yorkshire and Humber - share information and intelligence and provide a stronger collective voice on national issues in the areas of employee relations and pay and terms and conditions.	Full review in 2015 then at each annual meeting (normally in July) authorities have the opportunity to review the YHEA constitution.	Met to address pay and workforce issues for authorities, take account of relevant legal developments, shared practice and actions and inputted into national pay negotiations. Ensured authorities are aware of national developments and actions/issues stemming from these.	Both the Regional Employers Committee and the Employers Organisation will continue to ensure local authorities in the region are involved in, informed or and as appropriate, supported in dealing with national and regional workforce issues.	No	All activity governed by individual and collective views of participating local authorities via the reps attending.		EO's core income from its membership's affiliation fees. Total expenditure is greater, but covered from external income.	EO is an independent body, established utilising the legal personality of an Employers' Association.	£7425 +VAT subscription.	No routine report to NYCC elected member body, any issues arising feeding into County Council processes in the usual way.	Cllr Cliff Lunn - member of Regional Employers Committee	The 2 EO staff are part of West Yorkshire Pension Fund and if EO disbanded NYCC might be asked to contribute to any pension deficit.	Justine Brooksbank	Michael Leah	L M L L L	L	n/a
LGNY Spatial Planning and Transport Board	BES	2	To provide strategic advice, direction and leadership on spatial planning and transport matters. Enable implementation of the Duty to Cooperate in plan making at a political level.	Dec 2017 - review of purpose undertaken by YNERH Directors of Development. Agreed to reinstate the Board after a period of dormancy.	The Board has not met this year.	To meet quarterly - direction to be provided by YNERH Directors of Development and Heads of Planning Group.	No	One Cllr from each local authority. Written terms of reference to be reviewed and updated. Secretariat function provided by City of York Council.		No budget. Secretariat provided by City of York Council.	n/a	No budget.	No routine report to NYCC elected member body, but regular report to LGNY, with any issues arising feeding in to County Council processes in the usual way.	Cllr Andrew Lee - member	David Bowe / Liz Small	n/a	L L L L L	L	n/a	
York, North Yorkshire & East Riding Strategic Housing Partnership (previously known as LGNY Housing Board)	BES / HAS	2, 3	Identifying and responding to key housing issues; agreeing and managing the delivery of strategic housing investment priorities; undertaking sub regional research; and encouraging both innovative and consistent sub regional working across North Yorkshire.	2016	Planning permissions granted for 2019/20 totalled 4,471 at the mid year point; housing completions stood at 2,475 (figs inclusive of York and East Riding) There were 1,635 housing completions for North Yorkshire. Of these completions, 597 were affordable homes (436 of which were in North Yorkshire). The RHE Programme had delivered 285 homes by the end of Q3, of which 247 were in North Yorkshire.	The Housing Board has approved the review of the Housing Strategy; this will be a key part of the work programme for 2020/21. Work is ongoing with RPs to develop an RP compact or SLA to facilitate AH delivery. The Rural Housing Network will also be looking to prioritise work areas following a review of affordable housing delivery challenges. Work is underway to procure a partner for the CLH HUB to ensure that the HUB has a sustainable future. CLH training for the RHEs and CFY staff is scheduled to complete in Q1.	No	One Cllr from local authority and reps of key partners. Written terms of reference.	www.nycverho.usinq.co.uk	Circa £180k pa (partnership costs plus rural housing enablers programme). Partnership posts funded by LA and YNER LEP (£8K) contributions; RHE programme funded by LAs / Registered Provider / NYCC.	Hambleton District Council.	Officer time only	No routine report to NYCC elected member body but regular report to LGNY, with any issues arising feeding in to County Council processes in the usual way.	Cllr Andrew Lee - member	Liz Small (BES) / Dale Owens (HAS)	Michael Leah	L M L M L	L	n/a	
York, North Yorkshire & East Riding Local Enterprise Partnership	BES	2	The primary role of the LEP is provide strategic leadership to maximise the economic growth and job creation across York, North Yorkshire & East Riding. It is a public private partnership and its remit covers Business Growth, Skills and Infrastructure.	January 2020. LEPs are subject to annual government review and S151 Officer to sign off assurance as required by MHCLG's National LEP Assurance Framework.	Strong Governance endorsed.	Incorporating the LEP by 31st July 2020 to ensure full compliance with the National LEP Review.	No	Following LEP Review, now York and North Yorkshire LEP from 1st April 2020 reflecting the change in geographical boundaries and loss of East Riding to the partnership. Main Board 15 members (10 private sector reps and 5 local authority reps). Also split 10/5 male/female to comply with the gender requirements. Main Board supported by 3 Programme Boards - Business; Skills and Employability; Infrastructure and Joint Assets.	https://www.businessinspiredgrowth.com/publications/	NYCC £204k. City of York £40.5k. East Riding £60.75k, 7 x Districts £20.25k. BIS Funding £500k. Investment Funds inc Local Growth Fund £145k, Growing Places Fund (£9.4m) (to be used as a revolving fund), £246k pa Growth Hub.	NYCC	The Council's Economic & Partnership Unit has a NYCC budget of £204k and staff in the unit provide support to the LEP.	Annual reports to Transport, Economy and Environment Overview and Scrutiny Committee.	Cllr Carl Les - member	James Farrar	Michael Leah	L M L L H	M	July 2018. Veritau audit completed - High Assurance. Written constitution. Revised assurance framework signed off by LEP Board and NYCC S151 Officer annually in February.	

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Leeds City Region (LCR) Local Enterprise Partnership	BES	2	To direct LCR policy in relation to economic development, transport, skills and infrastructure. On-going engagement continues, with the NYCC Leader maintaining a position on the LCR LEP Board. Primarily focused on transport and infrastructure. Potential risk through City Deal and plans for pooling of monies.	Unknown. LEPs are subject to an annual government review and S151 Officer signing off its Assurance Framework.	Work towards Strategic Economic Plan Objectives including decarbonisation of Leeds City Region. Work to develop new Local Industrial Strategy.	LEP reorganisation required by Govt means an end to overlap areas. As a consequence York and North Yorkshire LEP has been established and Leeds City Region no longer includes North Yorkshire Districts of Harrogate, Selby and Craven. East Riding is now solely part of the Humber LEP.	no	Business led partnership (business reps and local authority reps, including NYCC rep). Written governance document.	www.the-lep.com/about/governance-and-funding	Circa £36m Growing Places Fund. Circa £1.4b City Deal (TBC). Circa £500m Infrastructure Fund (TBC).	Leeds City Council	Officer time only	No routine report to NYCC elected member body, although any issues requiring decisions or reports will be fed in through normal processes.	Cllr Carl Les - member	Need to monitor impact of West Yorkshire Combined Authority.	David Bowe	n/a	L M L L L	L	n/a
Borders to Coast Pensions Pooling Company	CS	1, 3	To invest in pension fund assets on behalf of a range of individual Local Government Pension Funds	Subject to annual general meeting and shareholder approval of business plan	Assets under management of £20bn from all PFs. Launch of new range of investment products for pension funds.	Building new assets and ensuring good investment returns	No	Company with 11 partner funds as equal shareholders	https://www.bordertocoast.org.uk/corporate-governance/	https://www.bordertocoast.org.uk/about/annual-report-and-accounts/	n/a	NYPF funding through membership fee and fees relating to assets under management	Pension Fund Committee. Cllr Patrick Mulligan as shareholder representative	Pension Fund Committee	Industry regulated by FCA so can impact upon reporting requirements	Gary Fielding	Gary Fielding	L M M L M	Low	n/a
Local strategic																				
Craven Community Safety Hub	CS	2, 3	Bring together operational managers of responsible authorities and others to ensure the delivery of the NYCCSP Plan in the district; protect communities from crime and disorder and help people feel safer; deal with local community safety issues; assess local crime and disorder priorities and consult partners and the local community about how to deal with them.	2014	Campaigns on dangers of driving whilst using a mobile phone and danger of parking outside schools. Country watch initiative. Multi-Agency integrated community safety hub.	Continued operation and development of the community safety hub.	No.	Senior reps (members and officers) of key local community safety partners. Written governance document.		Craven District Council covers incidental costs and partnership support. Other income may include funding from PFCC to be spent on projects.	Craven District Council	None	No routine report to NYCC elected member body, any issues arising feeding into County Council processes in the usual way.	Cllr Andy Solloway - member	No	Odette Robson	n/a	L L L L M	L	n/a
Hambleton Community Safety Hub	CS	2, 3	Bring together operational managers of responsible authorities and others to ensure the delivery of the NYCCSP Plan in the district; protect communities from crime and disorder and help people feel safer; deal with local community safety issues; assess local crime and disorder priorities and consult partners and the local community about how to deal with them.	2014	Development and use of new ASB powers with partners as part of the multi agency problem solving process. Introduction of Traffic Bureau processes into Road Safety Speed Matrix meeting. Delivered projects to respond to emerging trends and issues as well as supporting local organisations to provide required services. Multi-Agency integrated community safety hub.	Continued operation and development of the community safety hub.	No	Senior reps (members and officers) of key local community safety partners. Written governance document.		Hambleton District Council covers incidental costs and partnership support. Other income may include funding from PFCC to be spent on projects.	Hambleton District Council	None	No routine report to NYCC elected member body, any issues arising feeding into County Council processes in the usual way.	Cllr Heather Moorhouse - member	No	Odette Robson	n/a	L L L L M	L	n/a
Harrogate Community Safety Hub	CS	2, 3	Bring together operational managers of responsible authorities and others to ensure the delivery of the NYCCSP Plan in the district; protect communities from crime and disorder and help people feel safer; deal with local community safety issues; assess local crime and disorder priorities and consult partners and the local community about how to deal with them.	2014	Awareness raising re CSE and programme within schools. Continued problem solving work involving young people. Multi-Agency integrated community safety hub.	Continued operation and development of the community safety hub.	No	Senior reps (officers) of key local public sector partners. Written terms of reference.		Harrogate Borough Council covers incidental costs and partnership support. Other income may include funding from PFCC to be spent on projects.	Harrogate Borough Council	None	No routine report to NYCC elected member body, any issues arising feeding into County Council processes in the usual way.	Cllr Cliff Trotter - member	No	Odette Robson	n/a	L L L L M	L	n/a

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Harrogate District Public Services Leadership Board (PSLB)	CS	2, 3	To lead and support the design and delivery of quality services that are efficient, innovative and reflect the specific needs and priorities of our local communities; ensuring better outcomes and improving the lives of local people.	2016	Support of Credit Union. Financial Inclusion Strategy and Welfare Reform Action plan. New Care Models Programme - pilot local integrated team to serve Knaresborough, Boroughbridge and Green Hammerton. Local Fund development with Two Ridings Community Foundation.	Priorities being reviewed.	No	Officers of local agencies. Written governance document.	www.harrogate.gov.uk/info/20124/partnership_working/319/partnerships	Harrogate Borough Council covers incidental costs and partnership support.	Harrogate Borough Council	None	No routine report to NYCC elected member body, any issues arising feeding into County Council processes in the usual way.	None	No	Neil Irving	n/a	L L L L M	L	n/a	
Richmondshire Community Safety Hub	CS	2, 3	Bring together operational managers of responsible authorities and others to ensure the delivery of the NYCSP Plan in the district; protect communities from crime and disorder and help people feel safer; deal with local community safety issues; assess local crime and disorder priorities and consult partners and the local community about how to deal with them.	2014	Development and use of new ASB powers with partners. Multi-Agency integrated community safety hub.	Continued operation and development of the community safety hub.	No	Senior reps (members and officers) of key local community safety partners. Written governance document.		Richmondshire District Council covers incidental costs and partnership support. Other income may include funding from PFCC to be spent on projects.	Richmondshire District Council	None	No routine report to NYCC elected member body, any issues arising feeding into County Council processes in the usual way.	Cllr Carl Les - member	No	Odette Robson	n/a	L L L L M	L	n/a	
Ryedale Community Safety Hub	CS	2, 3	Bring together operational managers of responsible authorities and others to ensure the delivery of the NYCSP Plan in the district; protect communities from crime and disorder and help people feel safer; deal with local community safety issues; assess local crime and disorder priorities and consult partners and the local community about how to deal with them.	2014	Multi-Agency integrated community safety hub.	Continued operation and development of the community safety hub.	No	Senior reps (members and officers) of key local partners. Written governance document.		Ryedale District Council covers incidental costs and partnership support. Other income may include funding from PFCC to be spent on projects.	Ryedale District Council	None	No routine report to NYCC elected member body, any issues arising feeding into County Council processes in the usual way.	Cllr Val Arnold - member	No	Odette Robson	n/a	L L L L M	L	n/a	
Scarborough District Local Public Service Executive (PSE) (includes Community Safety Hub)	CS	2, 3	Identify opportunities to reduce costs of service delivery by removing waste and duplication; sharing overheads and support services and rationalising estate and assets. Identify key emerging issues for the Borough and negotiate changes to services and service delivery models which might better deliver outcomes for people.	2015	Development and review of Community Wellbeing Hubs. Review of Multi-Agency Problem Solving Arrangements.	Continued successful delivery of Community Wellbeing Hubs and extension of the programme. Closer working on opportunities for sharing assets and estates. Support for the Ambitions for Health programme. Continued operation and development of the community safety hub.	No	Senior reps (officers) of key local public sector partners. Written terms of reference. Chaired by SBC Cabinet Member.		Scarborough Borough Council covers incidental costs and partnership support. Other income may include funding from PFCC to be spent on projects.	Scarborough Borough Council	None	No routine report to NYCC elected member body, any issues arising feeding into County Council processes in the usual way.	None	No	Neil Irving	n/a	L L L L M	L	n/a	
Selby Community Safety Hub	CS	2, 3	Bring together operational managers of responsible authorities and others to ensure the delivery of the NYCSP Plan in the district; protect communities from crime and disorder and help people feel safer; deal with local community safety issues; assess local crime and disorder priorities and consult partners and the local community about how to deal with them.	2014	Multi-Agency integrated community safety hub. Campaign to raise awareness of Hate Crime.	Continued operation and development of the community safety hub.	No	Senior reps (members and officers) of key local community safety partners. Written governance document.		Selby District Council covers incidental costs and partnership support. Other income may include funding from PFCC to be spent on projects.	Selby District Council	None	No routine report to NYCC elected member body, any issues arising feeding into County Council processes in the usual way.	Cllr Stephanie Duckett - member	No	Odette Robson	n/a	L L L L M	L	n/a	
BES																					

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Local Access Forum	BES	1	The County Council is required to set up and convene a LAF by Statute (CRoW Act 2000).	3 vacant posts on LAF recruited to in Nov 2019. 11 members on the forum. 2 Cllrs remain unchanged.	None	Work programme to be determined.	No	LAF purpose set out in statute.	www.gov.uk/guidance/local-access-forums-role-of-the-local-authority	No budget; NYCC Democratic Services provides officer time for secretariat.	NYCC	BES contribute c.£10k per annum for secretariat support.	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr Robert Heseltine and Cllr David Jeffels - members	No	Kerry Green	Michael Leah	L M L L M	L	n/a
E Crime Project	BES	2, 3	To enable NYCC & City of York Council to deliver the national E-Crime sub project 1 in order to undertake E-Crime enforcement and to also co-ordinate national enforcement activity.	2016	Prosecution of two defendants in landmark legal case against online secondary ticket sellers. Both defendants guilty of a number fraud related offences. Estimated total loss to consumers was £26.9 million. Defendants sentenced to 6.5 years imprisonment and will now be subject to Proceeds of Crime Act confiscation proceedings.	Further two trials for prosecutions for alleged frauds in relation to secondary tickets due in October 2020 and January 2021 respectively. Pre-assessment and full audits for achieving ISO 17025:2017 accreditation for the Digital Forensics Unit.	No	NYCC and City of York Council.		Projected outturn for 2019/20 is £1,196,870k, funded by central government direct grant (£905,270k NYCC and £291,600k City of York Council).	NYCC	None	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	None	Mike Andrews	Michael Leah	L L H L H	M	April 2017. No concerns noted.	
North Yorkshire, York and North York Moors Minerals and Waste Plan	BES	1, 2	Production of joint mineral and waste local plan (development plan document).	On-going	Progression of Examination in Public stage.	Finalisation of plan following Examination in Public.	No	Officer steering group. NYCC informal member input via the MWDF member working group and new Joint Member Working Group. Executive member/Executive sign-off at key project stages.		Estimated at circa £90k.	No official Accountable Body - joint responsibility, although NYCC would typically take lead role.	TBC - Indicative up to £50k	Informal reporting to MWDF member working group and Joint Member Working Group. Executive member / Executive sign off at key project stages.	Cllr Andrew Lee (Chairman of MWDF member working group)	No	Vicky Perkin / Matt O'Neill	Michael Leah	L M L M M	L	n/a
York & North Yorkshire Waste Partnership	BES	2, 3	Delivering efficient waste management services that are in the best interests of the council tax payers of York & North Yorkshire - annual cost (value) of waste management in the sub-region (Inc. Yorwaste) is circa £80M. Continue to ensure delivery and review of joint waste strategy 'Lets talk less rubbish'.	2012	Desk study established feasibility for potential single waste service for recycling involving potential reconfiguration of mechanical treatment plant at AWRP	Progress single waste service for recyclables to Outline Business Case with decisions on how to proceed held pending outcome of Government consultations on secondary legislation for Resources and Waste Strategy.	No	Portfolio holders for waste management at each of the partner authorities; overarching governance through LGNY. No formal governance document however there is a Statement of Agreed Principles (SOAP).		Base budget is £28.5k made up of districts contributions	City of York Council	£0	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	None	Ian Fielding	Michael Leah	L H L L H	M	April 2017. Ultimate governance through LGNY. Effective financial control. Detailed and clear strategy recorded and being adhered to. No concerns noted.	
95 Alive Road Safety Partnership	BES	2, 3	To make travelling in York and North Yorkshire safer, and act in a way that inspires the trust and confidence necessary to make people feel safer too. The role of the partnership is to develop, implement and oversee the strategies to deliver the vision.	2014	Delivery of partnership action plan. Delivery of revised Speed Management Protocol (SMP). Implementation of collisions/casualty dashboard for public and partners. Development of a more structured partnership delivery plan.	To deliver action plan priorities with reduced staff and budget. Redundancy of core RTSA team and partnership budgets will have significant impact delivery of action plan. The challenge will be for partners to increase their commitment to the programmes by increasing the staff time allocations to deliver programmes previously carried out by NYCC staff	No	Lead partners - NYCC, North Yorkshire Police, Fire & Rescue, City of York, Highways England, Public Health. Supporting partners - local community safety partnerships and OPPC. Written governance document.		Each partner agency provides staff resource. No grant for 2019/20 (2018/19 grant £27.8k, 2017/18 grant £142K).	NYCC	NYCC fund officer time. NYCC Road Safety & Travel Awareness budget and Public Health budget closely allied to aims and delivery; total of £254k for staffing, resources and programme delivery.	Annual report to Area Constituency Committees and Transport, Economy & Environment Overview & Scrutiny Committee. Reports to BES Executive Members on an ad hoc basis.	Cllr Don Mackenzie - Road Safety and Cycling Champion	Yes. road safety restructure will reduce core team from 7 FTEs to 1 in 2020/21. Budget for staffing and resources will be £70k. Will impact on support for and contribution to partnership objectives	Fiona Ancell	Michael Leah	M M M M M	M	April 2017. Signed memorandum of understanding to govern partnership. No concerns noted.

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North Yorkshire Timber Freight Quality Partnership	BES	4	Support the contribution of the forestry and timber industries to the North Yorkshire economy by ensuring that timber industries can access the timber resource whilst seeking to minimise the impact on the public road network, on local communities and on the environment.	Review of terms of reference is planned for 2019/20.	Finalised the updated Terms of Reference to ensure all relevant parties were talking to each other. Refreshed Timber map. New Chair/Deputy Chair accepted by the group (details in TOR).	Add updated TOR to Timber Transport Forum website	No	Outgoing Independent Chair Jeremy Walker chaired last meeting in November 2018. New external chair Will Richardson (Yorwoods, RDI) elected at meeting in November 2018. Attendance by Executive Member for Highways and Transportation, Senior officers from BES, timber hauliers, forest owners and agents. Written governance document.	www.timbertransportforum.org.uk/groups/north-yorkshire	Expenditure outlined in NYCC budget contribution.	NYCC	Hire of external venue for meetings (circa £60), honorarium was paid to outgoing Chair (approx. £400 plus limited expenses). Contribution circa £500 per year towards national timber routes map.	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr Don Mackenzie - Executive Member for Access, as required.	No	Keisha Moore / Louise Neale	Michael Leah	L L L L L	L	n/a
Settle Area Freight Quality Partnership	BES	4	To provide an opportunity to develop a partnership approach to dealing with issues related to HGV traffic through the Settle Area and to utilise this partnership approach reach voluntary workable solutions through consensus and concession.	None undertaken.	None as there has not been a meeting of the partnership	To reconvene the meeting on an annual basis, or as and when required	No	Officers from NYCC BES H&T, parish council representatives and quarry managers. Written governance document.	www.nyccpartnerships.org.uk/sa-fqp	Expenditure outlined in NYCC budget contribution.	NYCC	Officer time. Annual expenditure limited to hire of hall for meetings (usually 1 meeting each year, cost of hire circa £60 per meeting).	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr Richard Welch - chair.	No	Neil Linfoot	Michael Leah	L L L L L	L	n/a
Forest of Bowland Area of Outstanding Natural Beauty (AONB) Joint Advisory Committee (JAC)	BES	1, 2, 3	AONBs were established in accordance with the National Parks and Access to the Countryside Act of 1949 and the Countryside and Rights of Way Act 2000. The statutory purpose of AONBs is to conserve and enhance the natural beauty of their area. NYCC is a relevant authority in legislation.	2019 Joint Advisory Committee meeting and review including renewal of management plan to 2024.	Commenced delivery of revised 5 year management plan (statutory requirement). Delivery of AONB environmental enhancement and improvement projects, continued working with NYCC PROW team to improve promoted AONB routes, peatland restoration, work with LNP on natural capital framework. http://forestofbowland.com/Management-Plan	Delivery of Management Plan work (includes some work outside North Yorkshire due to geography of AONB). Key projects: Pendle Hill Landscape Project/ AONB Discovery Guide and Festival Bowland/ Defra Environmental Land Management Scheme 'Tests & Trials'/ Peatland restoration/ Hay meadow restoration/ AONB Tree, Woodland and Forest Strategy/ Response to Glover Review	No	Memorandum of understanding - JAC includes one NYCC elected member. There is also an Officers Steering Group.	www.forestofbowland.com/joint-advisory-committee	Core Partnership Funding of £306k (19/20). 75% funding from Defra. Contributions from Lancashire CC, 6 district councils and United Utilities. DEFRA funding confirmed until March 2021. Additional funds of c.£700k e.g. HLF, Defra Peatland Fund for projects.	Lancashire County Council	£5,430 a year.	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr Richard Welch - member of JAC.	No	Liz Small	Michael Leah	L L L L L	L	n/a
Nidderdale Area of Outstanding Natural Beauty (AONB) Joint Advisory Committee (JAC)	BES	1, 2, 3	AONBs were established in accordance with the National Parks and Access to the Countryside Act of 1949 and the Countryside and Rights of Way Act 2000. The statutory purpose of AONBs is to conserve and enhance the natural beauty of their area. NYCC is a relevant authority in legislation.	2019 Joint Advisory Committee meeting and review including renewal of management plan to 2024.	Approval and first year of delivery of 5 year management plan. Delivery of AONB environmental enhancement and improvement projects. Development of Stage 2 application for River Skell project working with National Trust, delivery of a connecting to nature project, development of a virtual schools project.	Implementation of second year of management plan including extensive work on River Skell National Lottery funded project which looks at reducing flooding and improving the environment of the Skell Valley. This valley includes the WHS of Fountains Abbey and Studley Royal working with key partners such as the National Trust. Delivery of a 'tests and trials' DEFRA environmental land management pilot.	No	Memorandum of understanding - JAC including three NYCC elected Members.	www.nidderdaleaonb.org.uk/joint-advisory-committee	£582,176 (2019/20) with a 75% DEFRA grant towards core costs and including external funding projects. Other contributions from Harrogate BC. DEFRA funding has been confirmed until March 2021.	Harrogate Borough Council	£14,800 a year. An additional approx. £4,000 comes from PROW joint projects.	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr Mike Harrison, Cllr Stanley Lumley and Cllr Margaret Atkinson - members of JAC.	No	Liz Small	Michael Leah	L L L L L	L	n/a
Howardian Hills Area of Outstanding Natural Beauty (AONB) Joint Advisory Committee (JAC)	BES	1, 2, 3	AONBs were established in accordance with the National Parks and Access to the Countryside Act of 1949 and the Countryside and Rights of Way Act 2000. The statutory purpose of AONBs is to conserve and enhance the natural beauty of their area. NYCC is a relevant authority in legislation.	2019 Joint Advisory Committee meeting and review including renewal of management plan to 2024.	Delivery of AONB environmental enhancements; recruitment of Ryevitalise project team, management of key biodiversity and geodiversity sites; controlling invasive Himalayan balsam and rhododendron; natural flood management schemes, developing natural capital approach to management post-Brexit; significant PROW partner project with NYCC and NYMNPAs apprentices.	Delivery of AONB environmental enhancements; assist with delivery of Ryevitalise projects; management of key biodiversity and geodiversity sites; controlling invasive Himalayan balsam and rhododendron; natural flood management schemes at 2 villages; developing natural capital approach to management post-Brexit; significant Public Rights of Way partner project with NYCC and North York Moors NPA apprentices.	No	JAC includes two NYCC elected Members. There is also Officers Steering Group.	www.howardianhills.org.uk/about-us/partnership-and-funding/	£184,756 (2019/20). 75% funding from Defra. Other contributions from NYCC, Ryedale and Hambleton DCs, Historic England. DEFRA funding has been confirmed until 31st March 2021.	NYCC	£36,900 (2019/20).	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr Caroline Patmore and Cllr. Caroline Goodrick - members of JAC.	No	Liz Small	Michael Leah	L L L L L	L	n/a

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North Yorkshire and York Local Nature Partnership (LNP)	BES	2, 3	To drive positive change in North Yorkshire and York's natural environment, taking a strategic view of opportunities linking benefits of environment, people and the economy. LNP strategy provides context for delivery.	2019 Review of key priorities for LNP.	Projects to deliver key priorities in health, economy and environment. Deliver health projects on school trails, Natural capital framework and data project in partnership with LEP. Biomass biodiversity anaerobic digester project, support farmers in biodiversity projects, develop landscape scale tourism and environmental improvements such as in the Swale and Ure areas.	Delivery of key strategic and on the ground projects to benefit the environment including: A holistic natural capital investment process across North and East Yorkshire working with LEP, DEFRA and other Councils. Improved regional habitat data to guide investment in key habitats such as peat and woodland, and deliver Bio diversity net gain. Delivery of public health project - Discoveries on your doorstep. Work on delivering Government carbon neutral and negative targets	No	Senior officers of key local partners. Terms of Reference Document.	www.nypartnerships.org.uk/in	£37,000 a year partnership spend on 2 year 0.5fte fixed term LNP Development Officer commenced 01/09/18. 2 year post joint funded by Local Authority Directors of Development in LEP area and LNP Board members.	East Riding of Yorkshire Council (for LNP Development Officer post).	No direct contribution on an on-going basis. Provision of office for LNP Development Officer.	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	None	No	Liz Small	Michael Leah	L L L L L	L	n/a
North Eastern Inshore Fisheries and Conservation Authority (NEIFCA)	BES	1, 2, 3	Marine & Coastal Access Act 2009 - duty to champion and manage a sustainable marine environment and inshore fisheries. Partnership has a membership of 30 individuals including 13 local authority Members from 11 coastal local authorities (between Tyne & NE Lincolnshire).	2017 review of management activities at quarterly meeting	Delivery of a comprehensive fisheries patrol service throughout the region including over 650 inspections, 1200 vessel observations, 46 informal warnings, 33 informal prosecutions. Positive expansion and development in marine conservation and fisheries management across the region. Revised fisheries stock assessment programmes implemented. Active engagement and delivery across the local Marine Protected Area network	Maintenance of a comprehensive patrol service ensuring protection for sensitive marine areas, protecting local stocks from overexploitation and delivering long term sustainability in local fisheries. Strengthening of effort management within the shellfish sector. Continue delivery of statutory duties and responsibilities with regard to Marine Protected areas. Further develop organisational effectiveness and service delivery throughout the inshore region.	No	Reps from the 11 coastal Local Authorities, 14 members appointed by Marine Management Organisation and 1 member appointed by each of Marine Management Organisation, Environment Agency and Natural England.	www.ne-ifca.gov.uk/about/our-members	Budget 2019/20 £1224,320 funded by 11 coastal Local Authorities.	East Riding of Yorkshire Council	£285,646 (£55,900 of which is received as a grant from Defra).	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr David Chance & Cllr Tony Randerson - members.	NYCC proportion of total levy is 22.2%, but only 2 members. Defra currently provides a grant of £55,900 to NYCC but this is not guaranteed to continue.	Liz Small	Michael Leah	L L H L L	M	April 2017. Clear constitution to formalise governance arrangements.
Welcome to Yorkshire (W2Y)	BES	2	NYCC contribute to W2Y as part of support for tourism in the region.	July 2019 internal changes to governance, management and transparency undertaken. New CE appointed 2020	Delivery of marketing campaigns and events including 2019 Tour de Yorkshire	Covid-19 crisis has had a dramatic effect on the hospitality industry and on Welcome to Yorkshire itself. W2Y has had to reconfigure the organisation in a very short timeframe to become more agile and streamlined. W2Y has developed a recovery plan for Yorkshire's Hospitality industry, "Reopen, Recover, Rebuild."	Yes - issues around expenses and employee relations resulted in a review of governance completed in July 2019.	Public / private partnership. Written governance document.	https://industry.yorkshire.com/about/welcome-to-yorkshire-board	£4m turnover in 2017/18. LA subs c. £450k.	W2Y	£84k	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr Carl Les - board member	Future funding contributions / arrangements.	David Bowe	Michael Leah	M L M L M	M	November 2020 - Limited Company accounts for 2018/19 remain unsubmitted
North Yorkshire - Cleveland Coastal Forum	BES	3,4	To promote Heritage Coast for economy, tourism, natural beauty and enjoyment. 5 year Heritage Coastal Strategy. https://coastalforum.wordpress.com/	2014	The partnership did not meet largely due to the formulation of a potential new Yorkshire Marine Nature Partnership. Review of the Coastal Forum will be considered as part of the potential new partnership formation to consider duplication.	The existence and structure of the Coastal forum will be considered by Scarborough Council who manage this Forum as part of the ongoing discussions around forming a wider Yorkshire Marine Nature Partnership which will cover a larger area and include the East Yorkshire coast. The potential larger partnership has had a 2 year National Lottery bid to look at potential establishment.	No	Member representation from NYCC, North York Moors NPA, Redcar & Cleveland BC, Scarborough BC.	https://coastalforum.wordpress.com/2015/05/05/north-yorkshire-and-cleveland-heritage-coast-management-plan-2015-2020/	None, no financial activity in last 4 years	Scarborough Borough Council	£500 in budget, but not paid as no financial activity	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr Helen Swiers, Cllr David Jeffels and Cllr Joe Plant - members.	No	Liz Small	Michael Leah	L L L L L	L	n/a
Yorkshire Derwent Partnership	BES	3,4	To provide environmental improvements for public and bio diversity to Yorkshire Derwent River Catchment in line with government policy and guidance.	2018	Delivery of first year of management plan. Invasive species treatments and development of volunteer groups. Delivered some Derwent Villages NFM projects. First Phase of Jugger Howe Project. Improved partnership website.	Work with Ryevitilise project team to delivery national lottery funded riverside projects. Deliver 'Doing more for the Derwent' catchment sensitive land management projects advising landowners on mechanisms to avoid silt run off into the water body. Delivery of biodiversity enhancing land management schemes such as scrub management.	No	Representation from Local Authorities, DEFRA, relevant business and community bodies on Board, Delivery Group and officers steering group. Minuted meetings, terms of reference in place.	www.eastyorkshirerivertrust.org.uk/derwent-catchment-partnership.html	Project expenditure circa £102,000 19/20 funded by external funders such as CABA, Environment Agency, Yorkshire Water.	NYCC	No NYCC contribution spent in 2019/20. No new funds committed apart from £60,000 RFCC Levy grant held by NYCC of which £45,373 is unspent.	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	None	No	Liz Small	Michael Leah	L L L L L	L	n/a

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North Yorkshire Flood Risk Partnership	BES	2	To coordinate and lead sub-regional activity aimed at reducing and managing flood risk.	2013	Coordination of flood risk within NY. Successful securing of national govt funding for EA Tadcaster scheme. Partnership support for wider FRM programme in NY. Reviewing of applications to RFCC from NY area.	final year of the EA and RFCC MTP programme. All organisations to deliver committed work on programme during this financial year.	No	Member body with reps from Yorkshire RFCC, NYCC, City of York Council, Yorkshire Water, Environment Agency, and Internal Drainage Board core members. Written terms of reference - no formal decision making functions.		No budget	n/a	None	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr D Jeffels - member	No	Emily Mellalieu	Michael Leah	L M L L M	L	n/a
Transport for the North (TfN)	BES	1, 2, 3	Statutory Body (Sub-national Transport Body) for long term planning, development and implementation of pan northern transport infrastructure and services (incorporates Rail North with effect from April 2018).	Statutory Instrument creating TfN January 2018. TfN constitution agreed at the first full meeting of the TfN Member Board in April 2018.	Published Strategic Transport Plan, completed initial NPR business case	Update Investment Programme, finalise NPR business case, and outline transport devolution proposals	No, however there are some concerns over governance processes which are being monitored	As set out in the TfN Statutory Instrument and constitution. Governed by the 20 Local Transport Authorities that cover the North.	https://transportforthenorth.com/wp-content/uploads/Constitution-2019-2020-004.pdf	c£10m annually agreed and provided by HMT.	TfN	c£2,500 contribution to Rail North which is now incorporated into TfN. NYCC has also commissioned TfN Rail to work on the Esk Valley Line scheme	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	Cllr Carl Les - member; Cllr Don Mackenzie - substitute member.	No, however there are some concerns over governance processes which are being monitored	David Bowe/ David Hern	Michael Leah	L M L L L	L	n/a
York, North Yorkshire and East Riding LEP Area European Structural and Investment Funds Committee	BES	1, 2, 3	Responsible for the strategic oversight of local investments of both the Structural (ERDF and ESF) and EAFRD Growth Programme Funds and their operational delivery in line with the Operational Programme and the strategic alignment to the LEPs Strategic Economic Plan and ESIF Implementation Plan.	2015	Commitment of majority of funds to programme priorities; development and issue of new programme calls for projects to utilise remaining programme funds per priority; Regional ESIF committee continues to meet as necessary for strategic decisions in conjunction with Managing Authorities (MHCLG/DWP)	Commit reming programme funds per priority and support programme management towards being fully contracted; Regional ESIF committee continues to meet as necessary to determine strategic actions for remaining programme commitment	No	Membership is representative of various sectors including LEP, LAS, HE/FE, Key Sectors, Vol/Com, LEADER/Local Groups, Equalities and Diversity, Managing Authorities.	https://www.businessinspiredgrowth.com/funding/european-funding/	No budget for partnership management	MHCLG (ERDF) and DWP (ESF)	None	No routine report to NYCC elected member body, although any issues requiring decisions or reports will be fed in through normal processes.	Cllr Andrew Lee - member.	No	James Farrar	Michael Leah	L L L L L	L	n/a
CYPS																				
Local Education Partnerships / renamed Local Inclusion Steering Groups	CYPS	2, 3	To consider the strengths and challenges facing education and inclusion in the locality and agree and implement locality plans to address these. The partnerships also have responsibility for an element of commissioning.	October 2019	Five new locality boards established: 1 Selby 2 Craven 3 Hambleton, Richmondshire 4 Harrogate, Knaresborough, Ripon 5 Scarborough, Whitby, Filey, Ryedale	Priorities for inclusion set out in the Strategic Plan for SEND Education Provision and for education set out in the School Improvement Strategy.	No	Each has 12 members made up from representatives elected from different settings: Early Years x1, Primary x5, Secondary x3, Special x1, Pupil Referral Service x1, Post 16 College x1.		Budget for Inclusion locality board activity is £770k and for school improvement is £250k	NYCC	Budget for Inclusion locality board activity is £770k and for school improvement is £250k	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	To be determined	No	Jane Le Sage / Judith Kirk	Howard Emmett	L M L M L	L	
North Yorkshire Safeguarding Children Partnership (NYSCP)	CYPS	2	To support and enable local organisations and agencies to work together in a system where: Children are safeguarded and their welfare promoted; Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children; Organisations and agencies challenge appropriately and hold one another to account effectively.	March 2020	The NYSCP is newly formed and amalgamate the functions of both the North Yorkshire Children's Trust and the North Yorkshire Safeguarding Children Board and works to the Young and Yorkshire 2 Strategy which will be refreshed and updated to reflect the merger over the coming months.		No	Three statutory safeguarding partners (NYCC, North Yorkshire Clinical Commissioning Groups and North Yorkshire Police) plus those organisations and agencies that NYSCP consider to safeguard and promote the welfare of local children. These include health organisations, education, early years, criminal justice, voluntary sector, local government, public services and wider youth engagement group.	https://www.safeguardingchildren.co.uk/about-us/who-we-are/	£290k. Contributions from key partners NYCC, Health, Police.	NYCC	£116k	Executive and Young People Overview and Scrutiny Committee.	Cllr Janet Sanderson - member.	No	Stuart Carlton	Howard Emmett	L M H H H	M	Review required.

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North Yorkshire Schools Forum (formerly Education Partnership)	CYPS	1, 2, 3	The schools forum was established to provide schools with greater involvement in the distribution of funding within their local authority and to act as a consultative and advisory body in relation to school funding. Since the Forum became the Education Partnership it also holds the four Improvement Partnerships to account for performance and impact of allocation of funds.	Reviewed on an ongoing basis upon receipt of relevant DfE guidance. Date of last review - October 2017	Agreement of new national funding formula methodology. Lobbying at national level regarding school funding and High Needs Block funding. Work to develop proposals to establish the North Yorkshire Learning Trust	Offer advice and guidance on national funding formula consultation. Support the priorities of the Improvement Partnerships to improve performance of all childminders, settings & schools and to build capacity. Focus on developing a sector led model and system leadership.	No	Comprises reps of headteachers & governors from secondary, primary & nursery schools (including academies and PRS), staff associations (UNISON & teacher unions), early years & childcare providers, Church of England & Roman Catholic dioceses, chairs of the Improvement Partnerships. Written constitution.	cyps.northyorks.gov.uk/nyep	£100k	NYCC	£100k (DSG)	Cllr Janet Sanderson and Cllr Patrick Mulligan (Executive Members) and Young People Overview and Scrutiny Committee - as required.	Cllr Janet Sanderson - member (non voting); Cllr Patrick Mulligan member (non-voting).	No	Marion Sadler (Clerk)	Howard Emmett	L H M M M M	M	April 2017. No concerns noted. Effective constitution and clear guidance over its remit. Regular meetings being held and outcomes reported.
North Yorkshire Youth Justice Service (Management Board)	CYPS	1,2,3	To provide strategic direction and resourcing to enable the Youth Justice Service to meet its principal aim of preventing offending by children & young people. Section 38 of the Crime & Disorder Act 1998 places a duty on the Local Authority, acting in cooperation with other statutory partners, to ensure the availability of youth justice services for their area.	2017	Overseen a significant reduction in the number of young people sentenced to custody and maintained the relatively low numbers of First Time Entrants into the criminal justice system.	Oversee a reduction in the rate of re-offending and ensure appropriate preparations are in place for the anticipated HMIP inspection.	No	Lead Member Children's Services, Senior Managers from CYPS and Partners.		£2.4 million (including value of seconded staff). Expenditure funded by statutory funding partners (NYCC, Police, Probation, Health) together with grant funding from the Youth Justice Board.	NYCC	£1.1 million.	Cllr Janet Sanderson and Cllr Patrick Mulligan (Executive Members) and Young People Overview and Scrutiny Committee - as required. Annually to Full Council.	Cllr Janet Sanderson - member of Management Board.	No	Stuart Carlton (Chair of the Management Board).	Christian Player	L M M H M	M	April 2018. Deficit covered by reserves. Partners' contributions clear & honoured. Sustainable following service changes. Arrangements suitable but review in 2019.
North Yorkshire Coast Opportunity Area	CYPS	2,3	To oversee, direct and advise investment in the North Yorkshire Coast to improve social mobility. Funding of £6.7M over 3 years will be provided by the Department for Education (DfE). DfE have granted NYCC the funding, decisions on how it is allocated and spent thereafter has been delegated to the Programme Partnership Board	Partnership Board established July 2017	Delivery Plan agreed with DfE and published. 70% of the total funding has been allocated to projects, which most projects underway. Plans are in place for the remaining spend. Priority areas of spend include: extension of speech, language and communication support in primary schools, recruitment support for teaching posts, additional extra-curricular activities and the creation of a Literacy Hub.	On-going implementation of the Delivery Plan. Priorities are: Early Years; maths; literacy; and more good secondary school places. Priority areas include: support to reduce the number of exclusions in secondary schools, further incentives to recruit teachers and the implementation of support to boost outcomes in literacy and numeracy	No	Chair is Sir Martin Narey. NYCC is represented on the Board by Stuart Carlton and Martin Kelly		c.£2M provided by DfE.	Shared accountability between NYCC and DfE	This work is aligned with the existing NYCC commitment to the Scarborough Pledge (c.£0.75m). No additional contribution is made to the Opportunity Area	Cllr Patrick Mulligan (Executive Member) every 6 months.	None	No	Richard Benstead	Howard Emmett	L M H M M	M	April 2018. Detailed delivery plan. Properly constituted board with suitable representation from the education sector. Funding from DfE. No concerns to note.
HAS																				
Transforming Care	HAS	1	To prevent admissions into Learning Disability (LD) specific in-patient beds. Facilitate timely discharge and community resettlement for people with complex LD and/or autism with behaviours that challenge including those with a mental health condition.	Reviewed during 2019/20 resulting in a changed governance framework.	Governance framework reviewed resulting in the introduction of an Engine Room. TCP team formed following successful match funding bid to NHSE. NHSE bid approved to for a development of a bespoke site to support those on the cohort. Dynamic support registers in place and reviewed.	To continue to work to meet the NHSE targets and trajectories whilst ensuring appropriate safe support for people on the cohort.	No	HaRD CCG on behalf on behalf of three CCGs plus Vale of York CCG, Tees Esk Wear Valley NHS Trust, NYCC, City of York Council, NHS England specialist commissioners. Agreed Terms of Reference.		Managed within partner agency resources	HaRD on behalf of CCGs	There will be financial implications regarding individuals' care packages.	Elected members on Health and Wellbeing Board as required.	None	No	Rachel Bowes / Chris Jones-King / Helen Thinkell	Anton Hodge	M M M M M	M	April 2018. No governance concerns. Commissioning undertaken by HaRD CCG (also accountable body). Focused on ensuring partners' work is complimentary.
Care Alliance Workforce Development	HAS	2	Influence training provision for sector eg apprenticeships, digital skills development. Influence quality standards (through effective workforce development). Link with local recruitment campaigns to ensure presence, visibility and impact in enabling others to see social care as an attractive career. Identify, facilitate and enable access to workforce development funding pots.	None undertaken.	CAWD is undergoing a re-framing process and has been largely inactive. No delivery of training or tools into the wider sector and no funding spent. Two workshops to look at the purpose and future direction of the group, in order to align it to other new areas of activity such as Local Workforce Action Boards.	Developing a workforce for the future (plan). Whilst currently CAWD works within the social care boundaries its longer term vision is to explore options to work in a true health and care system wide way.		NYCC, City of York Council, Skills for Care, ICG, private, voluntary and independent sector providers, Health Education England, Jobcentre Plus.	www.cawd.org.uk	No regular income. External grant funding received for specific projects.	NYCC	None	No routine report to NYCC elected member body, any issues feed in to County Council processes in the usual way.	None	Objectives of the partnership are reliant on external fundraising or goodwill of partner organisations.	Sally Lichfield	Anton Hodge	L L L L L	L	n/a

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Health Protection Assurance Group	HAS	2	Oversees the health protection plans and arrangements and provides assurance to NYCC and the Health and Wellbeing Board. The Group is North Yorkshire vehicle to oversee a statutory function, legislation does not require a group.	January 2019 - Terms of Reference reviewed and updated	Development of the Mass Treatment and Vaccination Plan Multi-agency response to health protection incidents including Hepatitis A outbreak in Ripon, avian flu Running EPRR exercises (using the draft MTVP) including avian flu, meningitis in schools	Health protection priorities and work plan for NY 2020 • Screening & Immunisation priorities: measles and rubella elimination, cervical screening uptake • Health inequalities/deprivation • Healthcare Acquired Infections (HCAI) and antimicrobial resistance (AMR) • Geographical focus – Scarborough • Clandestine migrant response work • Mass Treatment & Vaccination Plan exercise	No	Director of Public Health NYCC (Chair), Director of Public Health City of York Council, Public Health Consultants, Public Health England, Chief Environmental Health Officer rep, CCGs rep. NYCC Emergency Planning, NHS England Health Emergency Planning, Director for infection control and prevention from NHS provider trusts.		Existing partner agency resources - joint commissioning of community infection control team (and TB team) with HaRD CCG as lead commissioner.	NYCC	None	Cllr Caroline Dickinson (Executive member for Public Health) - as required.	None	Capacity within each individual organisations to respond and challenge of multi-agency operationalising of outbreak plans.	Lincoln Sargeant	n/a	L L L M M	L	n/a
Involvement forums (NY Learning Disabilities Partnership Board, NY Disability Forum)	HAS	2, 4	Visible public engagement on services and stronger user voice and influence. Made up of representatives of local disability forums, three of which are independently constituted or moving towards independence. NYCC contributes towards the funding.	Boards regularly review the work they undertake; board development is on-going.	NYDF: increased membership; engagement with Highways; contribution to consultations and co-design; engaged with district councils and NYBCP on planning process and accessibility; engaged with CCG commissioners on wheelchair services. NYLDPB: increased membership; contributed to consultations and co-design.	NYDF and NYLDP: • grow their influencing and leadership roles • continue to increase membership • increase active communication • develop prioritised work plans		Self advocates, community members, service users and carers, NYCC officers, other statutory agency reps. Written governance documents.	www.nypartnerships.org.uk/adults	Approx. £130k from NYCC in 2020; estimated contribution from other sources £20k	NYCC but some groups moving towards being independently constituted.	£130k	Cllr Michael Harrison and Cllr Caroline Dickinson (Executive Members) - as required.	None	No	Louise Wallace	Anton Hodge	L M L M M	L	n/a
North Yorkshire Drug and Alcohol Partnership Group	HAS	2	Promote health and well-being; reduce the harmful effects that drug and alcohol misuse cause to individuals and communities; promote recovery from dependence, and reduce drug and alcohol related crime.	2018	Re-configured structure of meetings in line with national Drugs and Alcohol Strategies – supply/ enforcement; prevention/ services. Co-opted additional membership and excellent feedback and partnerships evolved as result. Multi-agency Drug Summit held Nov 2019, hosted by Public Health and North Yorkshire Police. Excellent feedback and partnerships evolved as a result	DARD Confidential Enquiry; Drug Early Warning and Alert; Alcohol Strategy re-fresh; Alcohol Social Marketing campaign; Establish Drug and Alcohol Partnership Plan; Savings programmes for Horizons and YP specialist services.	No	Multi-agency including e.g. PH; Police, Probation, NY Sport, LCSB, Horizons, Compass REACH, Liaison and Diversion Governance – sub group of HWBB Relationship with LCSB, SAB, SOC Group, NY Community Safety Partnership etc		No funding of its own. Provides strategic direction to resource allocation.	NYCC	c£5m Public Health	Key developments reported to Cllr Caroline Dickinson. Report to Scrutiny Committees on specific work programmes.	None	No	Lincoln Sargeant	Anton Hodge	L M H M M	M	October 2018. Terms of reference agreed and in place for the group. The terms are concise, but adequate for a group which has no independent funding.
Safeguarding Adults Board	HAS	1	To provide strategic leadership for Adult Safeguarding arrangements and to challenge and quality assure partner agencies safeguarding practice.	2016.	NYLDPB: increased membership; contributed to a number of HAS and partner consultations and co-design; coproduced resources including easy read Keeping Safe guides with NY Safeguarding Adults Board; attended/contributed to/coproduced national, regional and local conferences	Work more closely with communities to develop strategies that reduce risk of abuse & help improve services. Implement and embed new Multi-Agency Safeguarding Policies & Procedures. Develop whole community approach to prevention of abuse. Ensure accountability of all partner working with adults at risk of abuse. Develop NY response to national priorities. Understand and assess impact of changes in strategic context within which Board operates.	No	Strategic Board: NYCC, Police, CCGs, District Councils, ICG, Health Trusts, Healthwatch, NHS England, Director of Public Health. Four sub groups involving statutory partners plus District Councils, Probation, ICG, NYFF, Fire and Rescue, Health Trusts NHS England, LCSB.	www.nypartnerships.org.uk/sab	Three statutory partners - NYCC, Health and Police contribute £20k each towards the cost of running the SAB.	NYCC	£20k	Annual Reports to Care and Independence Overview and Scrutiny Committee and Health and Wellbeing Board.	Cllr Michael Harrison - in attendance.	Organisational priorities and financial constraints impact on partners abilities to support / implement the SAB strategic outcomes / work programme.	Louise Wallace	Anton Hodge	L H L H H	M	March 2019. Appropriate governance arrangements in place. Structure was revised in December 2018. Clear structure is in place with adequate input and protection for NYCC. No concerns.
Health and Wellbeing (HWB) Board	HAS	1, 2, 3	To oversee the development and implementation of the priorities agreed and set out within the Health and Wellbeing Strategy. To improve the health and care outcomes for the people and communities of North Yorkshire.	2014		Production of a revised Joint Health and Wellbeing Strategy for 2020/2025; Submission of Better Care Fund proposals; Production of Pharmaceutical Needs Assessment for 2021/2024	No	NYCC, Clinical Commissioning Groups, representatives from District Councils (at Member and officer level), NHS providers, Voluntary and Community Sector, NHS England, NY Healthwatch, GPs, Care Providers.	www.nypartnerships.org.uk/hwb	No funding of its own but it has oversight of the Better Care Fund (BCF) pooled budget and strategic direction for investment against HWB priorities.	Accountability rests with individual organisations for delivery of HWB plans.	None	Health and Wellbeing Board. The Board meets 6 times per year, with a balance of public meetings and development sessions.	Cllr Michael Harrison - Chairman, Cllr Janet Sanderson and Cllr Caroline Dickinson - members.	The complexity of accountability resting with individual member organisations and the fact that there can be competing interests.	Louise Wallace	Anton Hodge	L M H M H	M	May 2017. Clear governance arrangements in place. Regular board meetings held and statutory functions are being properly fulfilled. Joint strategy updated and published. No concerns.

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Seasonal Winter Health Strategic Partnership	HAS	2	Multiagency partnership, leading and developing strategy and linking to existing partnerships which aim to improve and maintain health during the winter months and reduce excess winter deaths and fuel poverty.	2019 - new strategy being developed focussing on seasonal health; partnership will change name to seasonal health strategic partnership from April 2020	Securing £1m to support households living in fuel poverty. Successful delivery of the warm and well single point of contact Annual conference well attended	Launch of seasonal health strategy and action plan Overseeing the delivery of the warm homes fund projects Re-commissioning a warm and well single point of contact (current contract ends in September 2020)	No	Members: NYCC officers, A&E Boards (replaced Local Resilience Groups), CCGs, District Council Winter Weather Groups, NHS Capacity Planning Groups, NHS Foundation Trusts, Voluntary Sector, Blue Light Services, Health Watch. The partnership feeds into the Health and Wellbeing Board and the North Yorkshire Local Resilience Forum. Chaired by North Yorkshire Fire and Rescue Service	https://www.ny-partnerships.org.uk/winterhealth	Public Health Grant £50k and any additional external funding bids made by the partnership.	NYCC	£50k	No routine report to NYCC elected member body, any issues feed in to County Council processes in the usual way.	None	Accountable body to be determined for additional funding bids made by the partnership.	Victoria Turner	Anton Hodge	L M M L L	L	n/a
Healthy Weight, Healthy Lives	HAS	2	To deliver against the six priorities set out in the Healthy Weight, Healthy Lives Strategy and implementation plan across the obesity system in North Yorkshire	February 2018	3rd annual report published, highlighting whole-system approach across NY https://www.nypartnerships.org.uk/healthyweight		No	The Steering Group is accountable to the Health and Wellbeing Board. Working groups/place-based groups; task and finish groups will feed into the Steering Group.		No additional investment - utilisation of existing assets across multiple partners.	Health and Wellbeing Board	None	Elected members on Health and Wellbeing Board - as required.	None	Yes, engaging with the NHS to ensure referrals for people at risk.	Katie Needham / Rachel Richards / Ruth Everson	Anton Hodge	L L M L L	L	n/a
Integrated Planning and Commissioning Board in Hambleton, Richmondshire and Whitby	HAS	2,3	To shape commissioning priorities to meet the health and wellbeing needs of the local populations underpinned by Section 75 agreements (Section 75 of the Health and Social Care Act 2006).	July 2017.		Overseeing the delivery of the warm homes fund projects	No	Senior officers of HAS and respective CCGs.		Initially £100k, potentially over time all that is in the scope of Section 75.	CCG and NYCC through Section 75 agreement.	Initially £50k, potentially over time all that is in the scope of Section 75.	Cllr Michael Harrison and Cllr Caroline Dickinson (Executive Members) - as required.	None	No	Richard Webb	Anton Hodge	L M M M M	L	n/a
Integrated Planning and Commissioning Board in Scarborough and Ryedale	HAS	2,3	To shape commissioning priorities to meet the health and wellbeing needs of the local populations underpinned by Section 75 agreements (Section 75 of the Health and Social Care Act 2006).	July 2017.			No	Senior officers of HAS and respective CCGs.		Initially £100k, potentially over time all that is in the scope of Section 75.	CCG and NYCC through Section 75 agreement.	Initially £50k, potentially over time all that is in the scope of Section 75.	Cllr Michael Harrison and Cllr Caroline Dickinson (Executive Members) - as required.	None	No	Richard Webb	Anton Hodge	L M M M M	L	n/a
Harrogate and Rural Alliance	HAS	3	The integration of community health and adult social care in Harrogate and district	September 2019	Mobilisation of the alliance and establishment of legal framework (Section 75s and Alliance Agreement. Recruitment of an Alliance Director	Admission avoidance, Team structures, Estates plan, MH involvement in core teams & leadership, Develop primary care relationships, Implement performance & benefit measures, Implement social care & community health service element of PCN service specifications, Develop prevention model, Ensure continued service development undertaken with co-production, Updated assessment process, Develop proposals for generic roles	No	HARA board consisting of senior managers from NYCC, HDFT, TEWV, HaRD CCG, YHN Alliance Leadership team		£60m NYCC and CCG commissioned services	NYCC, HDFT and HaRD CCG	£55m	Councillor Harrison 6 monthly	None	Ensuring that appropriate data governance arrangements are in place for the alliance	Rachel Bowes	Fred Chambers	L L M L L	L	

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Integrated Care Systems / Sustainability and Transformation Partnerships	HAS	2, 3	NYCC is key partner in West Yorkshire & Harrogate (Craven) and Humber, Coast & Vale (rest of county). Bring together NHS commissioners & providers, local government, etc to improve health of population. Collaborative partnerships but strong expectation that NHS partners work together to plan/deliver services within financial envelope. NYCC is partner but not committed to sharing financial risk with the NHS.	2019	Completed an accelerator programme and submitted application to become an ICS from April 2020.	The priority for 20/21 is to become fully operational ICS.	No	Chief Executive and the Director of Health and Adult Services as his deputy		n/a	n/a	None	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	None	No	Richard Webb	Anton Hodge	L M M M L	L	n/a
North Yorkshire and York Systems Leadership Executive	HAS	2, 3	Executive meeting of all Chief Executive's across NHS and local government across North Yorkshire & York. It strategic issues and interfaces with the Integrated Care Systems. It provides a forum for Chief Executives to work together to consider financial challenges; transformation of services and has a work programme for the next ten years with 10 strategic priorities.	2019	The Systems Leadership Executive was established and agreed a work programme covering 10 priorities	The priority is for a new integrated model of health and care to be rolled out across the area.	No	Chief Executives of all NHS organisations across North Yorkshire and the Chief Executives of North Yorkshire Councils		n/a	n/a	None	No routine report to NYCC elected member body, any issues arising feeding in to County Council processes in the usual way.	None	No	Richard Flinton	n/a	L M M M M	L	n/a

NORTH YORKSHIRE COUNTY COUNCIL

AUDIT COMMITTEE

14 December 2020

THE CIPFA FINANCIAL MANAGEMENT CODE

Report of the Corporate Director – Strategic resources

1. Purpose of the Report

- 1.1 The Chartered Institute of Public Finance and Accountancy (CIPFA) have issued a Financial Management (FM) code which aims to ensure a high standard of financial management in local authorities. This report looks at how far the County Council already complies with these requirements and makes initial suggestions for areas of improvement.

2. Background

- 2.1 In light of concerns around the financial resilience and management of local authorities, in particular after the well-publicised issues at Northamptonshire County Council, CIPFA developed, and consulted on, a draft code for good practice in financial management. NYCC responded to this consultation strongly supporting the principle of a financial management code but in particular urging a pragmatic and not overly prescriptive approach.
- 2.2 The final CIPFA FM code was issued in October 2019 and local authorities are required to apply the code from 1st April 2020. However, CIPFA considers 2020-21 as a 'shadow' year and requires that by 31st March 2021 local authorities should be able to demonstrate they are working towards full implementation of the code. The first full year of compliance will therefore be 2021-22.
- 2.3 Finance in local government is governed by a complex mix of rules including primary legislation, regulation and professional standards. The general financial management of a local authority, however, has not historically been supported by a specific professional code. Therefore, the CIPFA FM code will, for the first time, set standards of financial management for local authorities in the UK.
- 2.4 The code is designed to support good practice in financial management and help local authorities demonstrate financial sustainability. It builds upon the underlying principles of leadership, accountability, transparency, professional standards, assurance and sustainability.

- 2.5 The FM code is also consistent with other CIPFA codes in that it is based on principles rather than narrow prescription. The code will not, therefore, detail specific financial management processes that each organisation must follow. Instead the local authority must demonstrate that the principles of the code, the Financial Management Standards, are being satisfied. Demonstrating this compliance with the code is the collective responsibility of elected members, S151 officers and their professional colleagues in the leadership team.
- 2.6 The code in itself, of course, does not eliminate financial pressure or risk but compliance with the code validates the organisation's ability to identify and manage risk and plan for long term financial sustainability.
- 2.7 A self-assessment of the County Council's ability to demonstrate that it meets the requirements of the FM code, and areas for further development, are detailed in the appendix to this report.

3. Conclusion

- 3.1 North Yorkshire County Council has a strong record of financial management and so, perhaps unsurprisingly, analysing the Council's structures, processes and procedures against the FM Code's Financial Management Standards shows a relatively high level of compliance with these principles. However, there are a number of areas where further actions can be taken to enhance compliance and these are detailed in the appendix along with an appropriate responsible officer.

4. Recommendations

- 4.1 That the Committee notes the introduction of the CIPFA FM Code and the self-assessment of compliance with the code detailed in the appendix to this report
- 4.2 That the identified officers address the actions as detailed in the appendix.
- 4.3 That a further report on progress is brought back to Audit Committee ahead of the deadline for full compliance.

Gary Fielding

Corporate Director - Strategic Resources

County Hall

14 December 2020

Report prepared by Nick Morgan

North Yorkshire County Council – assessment of compliance with the CIPFA Financial Management Code**SECTION 1 – The Responsibilities of the chief finance officer and leadership team**

	FINANCIAL MANAGEMENT STANDARD	CURRENT POSITION	'RAG' RATING & AREAS FOR POTENTIAL IMPROVEMENT
A	The Leadership team is able to demonstrate that the services provided by the authority are value for money	<p>An annual report on VFM is taken to Audit Committee.</p> <p>NYCC reports on the performance against its key priority areas as well as financial performance on a quarterly basis to Executive Members. Prior to this the report is also discussed at management board with all the senior leaders within the Council.</p> <p>Regular meetings are also held between the S151 Officer and the Executive Member responsible for finance, assets and special projects, to discuss financial management including emerging pressures and how the Council is managing them, use of reserves as well as potential underspends and whether these can be used towards the council's savings programme.</p> <p>External judgements, in particular OFSTED's comprehensive 'outstanding' rating for children's services, are further evidence of effective service delivery within the available resources.</p> <p>Benchmarking against comparator organisations is undertaken and the recent licensing of the CFOInsights tool should allow more comprehensive analysis in this area.</p>	<p>Develop a more systematic approach to benchmarking against relevant comparators</p> <p><i>Responsible Officer – Head of Strategic Financial Planning (working with Head of Strategic Support)</i></p>
B	The authority complies with the CIPFA Statement on the Role of The Chief Finance Officer in Local Government	<p>The S151 officer is a key member of Management Board and is actively involved in helping to shape and deliver the County Council's strategy as well as ensuring there are sufficient resources to deliver the strategy.</p> <p>The S151 Officer is also chair of the Strategic Investment Board and a member of programme board and NYES board. Any significant investment decision is therefore subject to scrutiny by the S151 Officer and is challenged where the project is not aligned to the strategic vision of the council.</p> <p>As part of the annual Treasury Management Strategy report the Chief Finance Officer also provides the capital strategy for the County Council. The authority also has access to technical advice from LINK Asset Services.</p>	

		<p>The S151 Officer is CIPFA qualified and has 30 years of experience in local government finance as well as maintaining CPD compliance.</p> <p>Management team is supported by Lead Business Partners who are joint finance/service posts and sit on directorate management teams. They support and challenge as appropriate when directorates are considering matters that may have a financial bearing for the council. The Council also offers financial training to all budget managers to ensure people have the skills necessary to carry out their role effectively.</p> <p>CPD is actively monitored as of 2019 and a training matrix has been established for finance staff. Specific training needs are reviewed annually although staff are also encouraged to attend other technical training as required, for example if there are technical changes to accounting standards, changes to funding formula for local authorities etc. Therefore, the S151 Officer is supported by a highly skilled team and is able to offer advice and support when required.</p> <p>Almost 80% of the Finance team have accountancy qualifications (and maintain membership). This includes accounting technician qualification (AAT) and accountant level qualifications (such as CIPFA, CIMA etc.).</p>	
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SECTION 2 – Governance and Financial Management Style

C	<p>The Leadership team demonstrates in its actions and behaviours responsibility for governance and internal controls</p>	<p>The Council’s governance arrangements include a framework of assurance, of which the leadership team are part. Any significant issues with regards to governance and control across the authority are considered by the leadership team as a whole and the annual Governance Statement is reviewed and agreed by the Leadership team.</p> <p>A number of key controls ensure appropriate scrutiny and governance of key financial decision points. For example, Strategic Investment Board, Project Management Office, procurement gateways, finance procedure rules etc.</p>	<p>Ensure regular refresh of finance manual and finance procedure rules.</p> <p><i>Responsible Officer – AD Strategic Resources.</i></p>
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		<p>Internal Audit are a key part of the Council’s assurance framework and meet routinely with the S151 Officer and chief officers to ensure that Audit resources are appropriately directed towards areas of greatest need (applying a risk based approach) and that audit actions are followed up.</p>	
<p>D</p>	<p>The authority applies the CIPFA/SOLACE <i>Delivering Good Governance in Local Government: Framework (2016)</i></p>	<p>The Council is committed to demonstrating good corporate governance. This is done through a system which directs and controls its functions and relates to the community it serves. To enable this there is a framework of policies, management systems, procedures and structures that together, determine and control the way in which the Council manages its business, determines its strategies and objectives, and sets about delivering its services to meet those objectives for the greater good of its community. This naturally extends to how the organisation accounts to, engages with and, where appropriate, leads its community.</p> <p>The Council’s corporate governance Framework is based upon the CIPFA/SOLACE document entitled <i>Delivering Good Governance in Local Government: Framework 2016</i>.</p> <p>There is documentation that makes up the Council’s Framework which includes the Council’s Local Code and the Annual Governance Statement. The Local Code addresses the seven core Principles of corporate governance as set out in the CIPFA/SOLACE Framework and describes the systems and processes that support these in the Council. The Code also explains how the Council intends to monitor and review the corporate governance arrangements defined in this Code.</p> <p>The Annual Governance Statement is linked to the Local Code through the seven principles in the Code. The Statement explains how the Council has complied with its Local Code and also how it meets the requirements of Regulation 6(1)) of the <i>Accounts and Audit Regulations 2015</i> in relation to the publication of an Annual Governance Statement.</p> <p>The Local Code and Annual Governance Statement are reviewed and refreshed annually, and then further reviewed by the Audit Committee. The Audit Committee also receive an annual corporate governance progress</p>	

		<p>report which includes details of other notable governance work and a summary of improvements.</p> <p>In terms of roles and responsibilities the Council has in place a Corporate Governance Officer Group which includes the Monitoring Officer, Section 151 Officer and the Head of Internal Audit. This Group reviews the development and maintenance of the governance Framework and the environment of the Council on a regular and ongoing basis, in conjunction with Corporate Directors and senior officers.</p> <p>The role of the Audit Committee under their Terms of Reference includes assessing the effectiveness of the Council’s corporate governance arrangements, approving the Annual Governance Statement, and to liaise and work with the Standards Committee to promote good ethical standards within the Council.</p>	
E	<p>The financial management style of the authority supports financial sustainability</p>	<p>Financial sustainability underpins the Council corporate objectives with the Council’s ‘Beyond 2020’ programme (and prior to this the 2020 and BEST Programmes) being the key strategic focus for cross-cutting service transformation.</p> <p>In terms of financial accountability, NYCC expects all budget managers to actively monitor their budgets. All budget managers are also given direct access to financial information to enable them to do this including Oracle BI and PBCS for forecasting their outturn position. Budget managers are expected to understand and explain significant variances from the budget.</p> <p>Finance are working within a business partner model. Finance colleagues are supporting and challenging service areas to maximise performance and in turn ensure resources are used in the most effective way. Part of this is undertaken through our work supporting the transformation programme and reviewing processes and services to see if they can be delivered in a different way. Finance play a key role in risk management and ensuring, in particular, that the financial outcomes of savings programmes are delivered.</p>	<p>Continue to develop managers’ capabilities for financial management <i>Responsible Officer – Head of Finance (Business Partnering)</i></p>

		<p>NYCC has had a culture of effective budgetary control and the most recent LGA peer review commended the County Council's <i>'tremendous grip on its budget'</i>.</p> <p>The MTFS process also means that the Council is able to understand longer term risks and plan a response to those appropriately.</p>	
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SECTION 3 – Long to medium-term financial management

<p>F</p>	<p>The authority has carried out a credible and transparent resilience assessment</p>	<p>The County Council scores well on the CIPFA resilience index and this performance is reported as part of the MTFS/Budget process. A well-established MTFS process allows for early identification of issues including the long term sustainability of funding.</p> <p>The authority generally takes a prudent approach to long term financial management including making reasonable provision for risks (e.g. funding for Brexit risks and for failure to meet all savings targets).</p> <p>Project planning for savings programmes is well established (including the requirement for costed business cases etc.) with a strong track record of delivery.</p> <p>As part of the MTFS process we explore a range of scenarios but inevitably in a period of significant uncertainty there are areas for further development, including exploring a wider range of potential risks.</p>	<p>Review the approach to scenario modelling to ensure it covers an appropriate range of potential risks.</p> <p><i>Responsible Officer – Head of Strategic Financial Planning</i></p>
<p>G</p>	<p>The authority understands its prospects for financial sustainability in the longer term and has reported this clearly to members</p>	<p>NYCC currently update the Medium Term Financial Strategy annually – currently up to 2023/24. This is generally based on current year + four. Given the anticipated Spending Review time horizon it is not regarded as sensible to project beyond 2023/24 at this stage.</p> <p>Reports to Executive and County Council are explicit about long term risks and sustainability. The authority retains appropriate reserve balances to manage risks over the medium term and there is a specific policy on reserve balances which is agreed with members on an annual basis.</p>	

		<p>NYCC also hold a capital plan which is current year + two with future plans captured within 'later years'. A further year is added to the capital plan during quarterly reporting at Q2.</p> <p>The vision of the Council is set out along with key priorities within the Council Plan.</p> <p>Individual projects are generally assessed over a three to five-year time horizon, although for large scale investment projects the timeframe is extended dependent on the nature of the project.</p> <p>Government funding is currently only for 1 year ahead and Fair Funding is still awaiting implementation so there is little forward visibility.</p>	
<p>H</p>	<p>The authority complies with the CIPFA Prudential Code for Capital Finance in Local Authorities</p>	<p>North Yorkshire County Council complies with the CIPFA Prudential Code through the approval on an annual basis of:</p> <ul style="list-style-type: none"> • a set of Prudential Indicators; and • an Annual Treasury Management Strategy including an Annual Investment Strategy, an annual Minimum Revenue Provision (MRP) Policy Statement; and • a Capital Strategy including non-financial and treasury management investments; and • a Prudent, sustainable, affordable and value for money Capital Programme including capital expenditure and capital financing <p>Each is monitored on a regular basis both in-year (quarterly) and at the financial year end to ensure compliance. During the previous financial year and current year to date, the County Council has operated within the latest Capital and Treasury Prudential Indicators approved and in compliance with the County Council's Treasury Management Practices.</p> <p>The County Council determines its own programmes for investment that are central to the delivery of quality public services. In addition to the setting of Prudential Indicators, Annual Treasury Management Strategy, Capital Strategy and Capital Programme, in order to ensure compliance with the Prudential Code the County Council also adopts the following practices:</p>	

		<ul style="list-style-type: none"> • Treasury Management performance benchmarking; • Regular member and officer treasury management training to ensure the appropriate level of resources and skills, and the effective division of responsibilities within the treasury management function; • Internal audit of the Treasury Management function and liaison with external audit; • Appointment of external service providers. • The adoption of a Commercial Investment Board (members and officers) ensuring that an adequate governance process is in place for the approval, monitoring and ongoing risk management of all non-financial investments and long term liabilities • A proportional commercial investment framework so that the authority does not undertake a level of investing which exposes the authority to an excessive level of risk • A process of due diligence carried out on all treasury and non-financial investments and is in accordance with the risk appetite and legal powers of the authority • Treasury Management Practices which specifically deal with how non treasury investments will be carried out and managed 	
I	<p>The authority has a rolling multi-year medium-term financial plan consistent with sustainable service plans</p>	<p>The authority has a rolling multi-year Medium Term Financial Plan which is updated at least annually and reflects the latest position in terms of funding, cost pressures, investments and savings.</p>	

SECTION 4 – The annual budget

J	The authority complies with its statutory obligations in respect of the budget setting process	The Council sets a balanced budget and complies with the requirements in relation to the S151 Officer statement on the robustness of the budget and adequacy of reserves. A s25 opinion is offered as part of the annual budget.	
K	The budget report includes a statement by the chief finance officer on the robustness of the estimates and a statement on the adequacy of the proposed financial reserves	As above – s25 opinion. As well as complying with the formal requirement the S151 Officer is clear and open about longer term risks and reports these to members.	

SECTION 5 – Stakeholder engagement and business plans

L	The authority has engaged where appropriate with key stakeholders in developing its long-term financial strategy, medium-term financial plan and annual budget	Public consultations are held in respect of budget proposals. The MTFs, annual budget and Council Plan are all published on the Council website. The MTFs and budget is developed in consultation with Executive Members, wider Members, Leadership Team and Extended Leadership Team as well as key partners and stakeholder groups, for example a working group with adult social care provider representatives. Commissioner fora, meetings of Health & NYCC Finance Directors and the Health & Wellbeing Board provide opportunities to engage with senior health partners on issues of joint financial interest. Members Seminars are held on a regular basis so that all Members are given opportunities to understand and challenge the budget and assumptions.	Review approach to engaging key stakeholder organisations (within the constraints of the national funding position). <i>Responsible Officer: Corporate Director – Strategic Resources</i>
M	The authority uses an appropriate documented option appraisal methodology to demonstrate value for money of its decisions	The authority uses an outline business case template and a well tried and exhaustive process for management of projects and savings programmes. North Yorkshire has a very good record of delivering planned savings. Final decisions on significant projects are taken at a cross-service Strategic Investment Board chaired by the S151 officer.	

SECTION 6 – Monitoring Financial Performance

N	The leadership team takes action using reports enabling it to identify and correct emerging risks to its budget strategy and financial sustainability	<p>Quarterly in-year financial and performance monitoring reports are taken to leadership team and chief officers are held accountable for financial performance. Collective approaches to dealing with wider organisational risks are also well developed.</p> <p>Focussed reviews are carried out on areas of significant overspend so that recovery plans can be formulated.</p> <p>Some areas of particular demand pressure (e.g. adult social care and SEND) are the subject of Chief Executive & s151 officer “deep dives” and are reviewed at least bi-monthly.</p>	
O	The leadership team monitors the elements of the balance sheet that pose a significant risk to its financial sustainability	<p>Use of reserves is explicitly reported in quarterly performance reports. Quarterly treasury reports update on investments and debt.</p> <p>Regular reviews of Reserves are undertaken mid-year in order to justify amounts and reasons for the Reserves. This is then incorporated into the longer term forecasting of reserve balances is included as part of the MTFS report.</p>	<p>Review reporting of balance sheet items to wider leadership team as part of Q reporting regime.</p> <p><i>Responsible Officer – Corporate Director – Strategic Resources</i></p>

SECTION 7 – External financial reporting

P	The chief financial officer has personal and statutory responsibility for ensuring that the statement of accounts produced by the local authority complies with the reporting requirements of the Code of	<p>The Statement of Accounts is prepared in accordance with <i>The Code of Practice on Local Authority Accounting in the United Kingdom 2018/19</i>. This is stated in the accounts that have been signed off by the Corporate Director – Strategic Resources ahead of submission to the Audit Committee.</p> <p>The County Council has consistently received an unqualified audit opinion from the external auditors.</p>	
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	<i>Practice on Local Authority Accounting in the United Kingdom</i>		
Q	The presentation of the final outturn figures and variations from budget allows the leadership team to make strategic financial decisions	The outturn report identifies key variances from budgets with appropriate explanations and recommends action where appropriate in line with the in-year quarterly monitoring process. Any key issues arising from the outturn figures are reflected in the budget and MTFS process.	

AUDIT COMMITTEE - PROGRAMME OF WORK 2020 / 21

	ANNUAL WORKPLAN	MAR 20	JUNE 20	JULY 20	OCT 20	DEC 20	MAR 21		
	Audit Committee Agenda Items								
A	Training for Members (as necessary)								
	Annual Internal Audit Plan	x		x			x		
	Annual report of Head of Internal Audit			x					
	Progress Report on Annual Internal Audit Plan	x				x	x	x	
	Internal Audit report on Children and YP's Service					x			
	Internal Audit report on Computer Audit/Corporate Themes/Contracts					x			
	Internal Audit report on Health and Adult Services						x		
	Internal Audit report on BES					x			
	Internal Audit report on Central Services			x					
B	Annual Audit Letter				x				
	Annual Audit Plan (NYCC & NYPF)			x					
	Annual Report / Letter of the External Auditor (ISA 260)			x					
	Interim Audit Report								
C	Statement of Final Accounts including AGS (NYCC + NYPF)			x	x				
	Letter of Representation			x					
	Chairman's Annual Report				x				
	Audit Committee - terms of reference / effectiveness	x					x		
	Changes in Accounting Policies	x					x		
	Corporate Governance – review of Local Code + AGS	x		x				x	
	– annual report inc re AGS			x					
	Risk Management (inc Corporate R/R) – annual report						x		
	Partnership Governance – annual report						x		
	Information Governance – annual report	x						x	
	Review of Finance/Contract/Property Procedure Rules		TBA	TBA	TBA				
	Business Continuity – annual report					x			
	Counter Fraud (inc risk assessment) – annual report	x				x		x	
	Procurement and Contract Management – annual report						x		
	CIPFA FM Code						x		
Treasury Management – Executive February	x						x		
VFM – annual assurance review	x						x		
D	Work Programme	x		x	x	x	x		
	Progress on issues raised by the Committee (inc Treasury Management)	x		x	x	x	x		
E	Agenda planning / briefing meeting								
	Audit Committee Agenda/Reports deadline								
	Audit Committee Meeting Dates	27/03	22/06	27/07	26/10	14/12	22/03		

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- A = Internal Audit
- B = External Audit
- C = Statement of Final Accounts / Governance
- D = Other
- E = Dates

- ◊ before formal meeting
- 1 Beyond 2020 including Property rationalisation
- 2 Pensions Governance
- 3 Governance of the Highways Teckal
- 4 Governance of external companies
- Sessions to be sorted
- Pension Governance

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